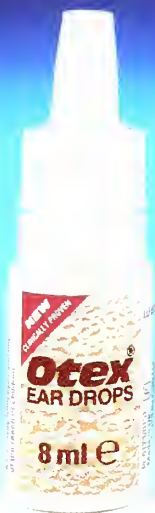


CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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NEED FOR SYRINGING

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OVER THE COUNTER
SPECIAL SUPPLEMENT

15 April 1995

PSNC differs with DoH over devolved pay

Glasgow pharmacies get methadone fee

Four-year pharmacy degree from 1997

BPSA wants nurse involvement in OTCs



Council to strengthen disciplinary procedure?

Update: the impact of the menopause

AAH fights Gehe with pledge of £14m savings

ZirtekTM

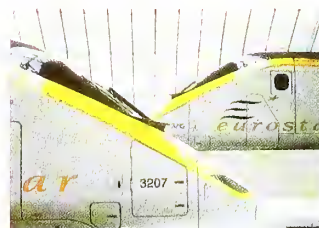
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is clear

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antihistamine
attacks the misery
of hayfever fast



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cetirizine

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The running nose

The itchy eyes

The constant sneezing

The irritation



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Date of preparation - January

P SNC will be working to a tight timetable if it is to put a final offer for the 1995-96 pay round before the second special LPC conference in as many years on May 21. The 34 LPCs which supported the motion proposed by Liverpool LPC want to ensure that a settlement is not railroaded through without their input. If the DoH stuck to a reasonable negotiating timetable, the expense and inconvenience of such an event could be avoided.

Chief negotiator David Sharpe was in an upbeat mood at the Berks LPC conference last weekend (p598), although he had one major caveat. He talked of "genuine negotiations" with both the global sum and the allowance threshold still being discussed. He was confident the offer made by the DoH on March 2 would be improved, but was not specific about how. Mr Sharpe's caveat, a major stumbling block from PSNC's point of view, relates to the devolution of part of the global sum for locally negotiated payments. The DoH is looking to devolve up to 20 per cent of the global sum over the next three to five years. PSNC's concern is that the percentage going to local services will increase faster than the annual increment to the global sum can cope with. If so, the only way 'local money' can be found will be through cutting core service fees or the professional allowance.

PSNC quite rightly argues that devolvement of this sort means providing new, local services funded with existing money. It is not prepared to discuss the package if it includes an engineered reduction in the global sum. Quite how much of a stumbling block this is going to prove remains to be seen. The Department's own figures show how pharmacists' productivity has improved over the past decade, and contractors are all too aware how poorly they have been rewarded for that. Cutting core fees to fund local pay is not on.

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

VOLUME 243 No 5979 136th YEAR OF PUBLICATION ISSN 0009-3033

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BUSINESS PRESS

Glasgow Board launches pioneering methadone supervision payments

Greater Glasgow Health Board has finalised plans to pay pharmacists a fee for methadone supervision, from April 1, 1995 — the first authority to do so.

The Board is also making a one-off payment of £250, backdated from January 1, 1995, to March 31, in acknowledgement of the unsung work of Glasgow pharmacists in this field.

The aim of the programme is to reduce the number of injecting drug misusers in Glasgow. Patients joining the scheme must enter a contract with the pharmacist covering behaviour and times of supervision.

Remuneration is graded to

cover the number of supervisions per month with three levels of payment:

- up to 250 supervisions per month, an estimated ten patients
- between 250 and 500 supervisions per month, between ten and 20 patients
- more than 500 supervisions.

Payment is also linked to the number of supervisions a pharmacy can make each week. "We are slightly loaded in favour of those that are open seven days a week," says GGHB's chief administrative pharmaceutical officer, Dr Howard McNulty. This will translate as an annual payment of £200 for a pharmacist

supervising one patient for five days a week, or £1,400 for a pharmacy supervising more than 20 patients every day of the week. Pharmacists will fill in a quarterly claim form to receive payment.

"The majority of pharmacists will receive between £400 and £1,000, as they are open six days a week," he adds. "One of the reasons we are paying the high fee for seven-day supervision is that methadone can leak onto the black market and we are keen to minimise that as much as possible."

Over 100 pharmacists have signed up for the scheme, out of a total 213 pharmacies in the

Glasgow area. All will comply with area pharmaceutical committee guidelines, which cover the need for a discreet area for supervision, pharmacist audit, arrangements for storage, dispensing and supervision. Pharmacists must ensure that the dose taken in their presence is swallowed, either by talking to the patient or giving a glass of water after supervision.

"This scheme will give us a fuller picture of the methadone situation in Glasgow," says Dr McNulty. A separate professional audit of the scheme is being conducted by GGHB's five audit facilitators.

GHP reviews structure

The Council of the Guild of Hospital pharmacists agreed at its meeting, held at Gatwick last weekend, to review the structure of the Guild, the activities of the Guild Council and the relationship between GHP and the MSF union.

The Council felt it was an appropriate time for a review as changes within hospital pharmacy and within MSF are having an impact on the activities and operation of the Guild. It was agreed that the executive committee should finalise the discussion paper on the subject by the June Council meeting. A survey of members would then be carried out to obtain their views on the Council's effectiveness.

Internal discussions have been taking place with MSF over the current financial position of the union. Subscription income has been reduced, largely because of a fall in the membership base. As

a result, it has been necessary to introduce firm financial management in order to reduce operating costs. Changes are being proposed at the union's annual conference which will facilitate this action.

Recent problems with MSF central office over the administration of GHP business were discussed at length. MSF internal procedures are to be reviewed and the situation will be monitored closely by the Council.

Following some disaffection with aspects of the management of the groups delegates meeting (GDM), the Council will be reviewing and revising all procedures relating to GDM organisation and management.

It was also agreed to progress with the technical services interest group with a steering committee to be set up to identify the target audience for the group and recommend its way forward.

Order influenza vaccine now

Doctors and Scottish pharmacists are being advised to place next winter's flu vaccine orders now.

"The production process takes six months and orders placed during the flu season may be too late," is the warning from the Association for Influenza Monitoring and Surveillance.

The World Health Organisation

has confirmed that the emerging influenza strains for 1995/96 are:

- B/Beijing/184/93-like strain
- A/Johannesburg/33/94 (H₁N₂)-like strain
- A/Singapore/6/86 (H₁N₁)-like strain.

The above will form the basis of the 1995/96 influenza vaccine recommendations.

Commons makes waves for Septrin

A House of Commons motion calling for a review of the licence of co-trimoxazole has received the support of 65 Labour MPs.

The early day motion, which is unlikely to go further, comes after a debate on Septrin called by Labour MP Margaret Hodge.

Saying she was not satisfied with the answers given by junior health minister Tom Sackville, her motion draws attention to the side-effects of co-trimoxazole, and calls for its use to be limited.

£7,000 DoH award for Pharmacy Plus

Pharmacy Plus, the Bristol-based group pharmacy practice, has scooped a £7,000 grant from the Department of Health to expand its drug information service.

Contractor Tariq Muhammad, who won the Glyn Jones Award (C&D April 1, p558) to set up a telephone advisory service, applied for a grant to extend the project under the Department's pharmacy practice research enterprise scheme.

Mr Muhammad will use the grant to provide a Freefone line for the drug information service. It will run between 12.00-4.00pm for six months from May 1.

Callers can be booked in to have a consultation and to have a 'brown bag' medication review.

Tesco to take on pre-reg

Tesco will be taking on eight pre-registration graduates on a trial basis from July.

The company plans to engage a further 40-50 graduates in subsequent years, with a guarantee of a job as a Tesco pharmacist on passing the pre-reg exam.

The pre-reg programme will incorporate relevant aspects of the company's Excel graduate scheme and will be a 36-hour working week to allow for continuing education.

Speaking at this year's British Pharmaceutical Students' Association conference, Mike Rudin, Tesco's superintendent pharmacist, said: "We feel our responsibility to provide places is important in developing our own pharmacists of the future, who will be well versed in management and communication skills."

Recruitment roadshows for next year's intake will visit King's, Portsmouth, Manchester, Nottingham and the Square.

• Tesco has opened its 100th owned pharmacy at its new store in Osterley, bringing the number of in-store pharmacies — including concessions — to 126.

The pharmacy has a new design to accentuate the pharmacist's role in health promotion. The company is on course for 150 in-store pharmacies in two years.



Bogus locum gets 12 months' jail

A bogus pharmacist, who worked for four months in a West Country pharmacy, has been jailed for a year.

Alison Horwell, 42, advertised for work as a locum and was taken on by Williams Chemists, which has branches throughout south east Cornwall.

Turo crown court heard that Ms Horwell's deception was not discovered for four months. She pleaded guilty to obtaining a pecuniary advantage by deception and supplying morphine on prescription when not qualified to do so.

In her defence, the court heard

that Ms Horwell, who had learned the business in her uncle's shop, had personal problems. There had been no criticism of her work.

But judge William Taylor said she was guilty of a determined and premeditated exercise, which had put the public very much at risk.

NI plans high-profile Pharmacy Week

Northern Ireland pharmacists are gearing up for a high-profile media launch of their Pharmacy Week activities.

Kicking off the week will be a mid-day meeting on June 19, addressed by speakers including a high-ranking Department of Health official and local poli-

ticians who have a health remit.

This will be backed by a local newspaper, radio and television campaign. "The Ulster Chemists' Association is organising a pharmacy supplement in the local newspaper," says community pharmacist Terry Maguire.

The campaign will also high-

light Northern Ireland's on-going DUMP scheme, with pharmacists displaying in-store posters and distributing leaflets to their patients.

• The UCA is drawing up plans to set up a repeat dispensing study, hopefully with the input of the Belfast School of Pharmacy.

Goldshield Healthcare placates pharmacists' direct mail fears

Goldshield Healthcare has assured pharmacists that it has no long-term plans to make its Infaderm and Inuderm ranges available on a direct mail basis.

The company is currently offering 12,000 consumers the chance to buy any products from these ranges for \$2, undercutting the pharmacy price by up to \$2.75.

Mark Cooper, Goldshield's marketing director, says the mailing is only directed at consumers who responded to sample offers over the past year. The decision was made to reactivate this database to ascertain the level of continuing consumer interest. Those who respond to this offer will

receive a further mailing in May-June directing them into pharmacies.

"Infaderm and Inuderm are never going to be positioned as direct mail items, they will always be retail pharmacy-led," says Mr Cooper.

One pharmacist who received the leaflet, David Beynon of Beynon's Pharmacy, Swansea, admits he is disappointed with Goldshield's approach. "You give a product some space and build up its market, for the company to then try and get the benefit from these sales by cutting us out. The psychological damage has been done," he says.

Ask your customers

Glasgow and West of Scotland pharmacists are turning the tables on customers during Pharmacy Week.

Rather than 'Ask your pharmacist', customers will be answering the questions in a multiple-choice questionnaire competition testing their knowledge of pharmaceutical matters, such as the number of prescriptions dispensed annually.

Four winners will receive a \$25 voucher to spend in their local pharmacy. "It also works as an incentive for pharmacies to give out as many questionnaires as possible," says Royal Pharmaceutical Society Branch vice chairman Elizabeth Roddick.

Completed forms must be returned to Dr McKean at the Victoria Infirmary by July 15.

OTC Guide corrections

Acnidazil, Daktarin, Femeron, Hismanal, Inoven, Lenium and Ovex are handled by Janssen pharmacy division, and not as stated in *C&D's OTC Guide*, published on April 10. Fenton Pharmaceuticals' Frador Tincture and Lotil Cream are distributed by Chemist Brokers and not as stated.

BPC practice research

Pharmacists are reminded that the closing date for contributions to the 1995 BPC pharmacy practice research session is April 21.

Appeal Authority

The Health Service Commissioner (Family Health Services Appeal Authority) Order 1995 (SI No 753, HMSO, £0.65) makes the new FHS Appeal Authority subject to investigation by the Health Service Commissioner. The Order comes into effect on April 17.

Doctors go for contract

Humberside dispensing doctors, Moore, Marsden and Robinson, have applied to open a pharmacy at a branch surgery, five miles from their practice. The doctors lost their battle against a pharmacy application in Holme-on-Spalding Moor last month (see *C&D* March 25, p485).

Marquess' drugs theft

The Marquess of Blandford has been jailed for 30 days after pleading guilty to two charges of forging prescriptions for dihydrocodeine, flunitrazepam and Stelazine Spansules. He also admitted stealing quantities of two of the medicines, worth £15.88, from the I T Lloyd Pharmacy, King's Road, London.

NHS prescribing interest

The Department of Health has received 180 bids for research projects into NHS prescribing. Some £2.4 million has been earmarked over the next four years, with a shortlist of candidates expected at the end of the month.

Devon Health changes

Devon's two health authorities are now known as South & West Devon Health (formerly Plymouth and Torbay Health Authority) and Exeter & North Devon Health (formerly Exeter & North Devon Health Authority). The changes are accompanied by new working arrangements to prepare for the merger of FHSAs and DHAs in 1996.

PSNC digs in over devolving global sum

The Department of Health is pushing for talks in the autumn about devolved pay for 1996-97, but PSNC wants to clear up some fundamental disagreements about locally-negotiated pay before going any further, chairman David Sharpe told Berkshire contractors last weekend

This year's pay talks are unlikely to be concluded before June or July. Leaving aside devolved pay, Pharmaceutical Services Negotiating Committee chairman David Sharpe is confident of negotiating a better package than that initially offered by the Department of Health.

"Genuine negotiations" are taking place, he said, with the global sum and the professional allowance threshold still being discussed. The Department has agreed to increase the expensive prescription allowance from 1 to

2 per cent on scripts costing over £100, rather than \$50.

However, the key issue is how the Department's intention to devolve some 20 per cent of the global sum for local payment is handled, Mr Sharpe told 50 pharmacists at the Berkshire Local Pharmaceutical Committee conference last Sunday.

Money earmarked for local payments can only come from within the global sum. If the annual pay settlement is not equal to the amount taken out for local payments, then the shortfall would have to come from existing

fees, explained the PSNC chairman.

"PSNC will be resisting devolvement of this sort. It will mean provision of new services for less money." In no circumstances would PSNC allow devolvement of money allocated to core services, he insisted.

Nor is PSNC yet convinced that family health services authorities and health commissions will be able to deal with the devolution of existing money.

The DoH wants to discuss the next steps for devolved pay in the autumn, but there are too many unknowns, said Mr Sharpe.

• There has been no suggestion of which areas might be devolved

• The percentage of the global sum to be devolved is unknown

• The allocation to pharmacy services next year's budget has yet to be fixed.

"Devolvement is the way forward, but it has to be remunerated at an adequate level," insisted Mr Sharpe.

If the global sum can be used to get contractors closer to local health authorities, then when it comes to bidding for local funds, pharmacists will already be well placed, he said.

No end in sight to changes

The NHS has seen five years of constant change since the first stage of the NHS reforms in 1990. "I do not see anything different in the future," warned David Treloar, chief executive of Berkshire Health Commission.

"We are now in the process of implementing stage two of the reforms," he said. The bureaucracy is being trimmed, with the number of health authorities halving to 100.

Berkshire has been anticipating the changes, merging the FHSA and the DHA to create a health commission. "When 1996 arrives, I hope you will notice little or no change," Mr Treloar said.

From 1996, the only statutory health body will be the health authority or commission. Only the new authority will be able to see the wider health picture.

It will be critically important to develop integrated policies, said Mr Treloar. "If not, we are going to have providers going in different directions. We need a strategy integrated across primary and secondary care."

Mr Treloar said he was impressed with pharmacy services in Berkshire. "I want to see the NHS in the High Street. I want to get a good service from well trained staff ready to provide a responsive service.



Berkshire Health Commission was well represented at the LPC's conference last weekend: chief executive David Treloar chats with Maureen McCartney (centre), assistant director primary care contracts; and Denise Buchanan, deputy administration manager

"There is a key role in primary care, liaising with GPs and sharing information, and working with local residential and nursing homes. I want to see pharmacists

developing extended services as part of the primary care team, encouraging health professionals to work together," concluded Mr Treloar.

Back to the future

Pharmacy will need to move away from the emphasis placed on clinical pharmacy and return to its scientific roots, was the message from the international symposium at the School of Pharmacy, Queen's University, Belfast, to celebrate the university's sesquicentenary.

"The future of clinical pharmacy as it is today is very bleak, as computers will take over the role of prescribing and advising," warned Professor Michael Allwood of the University of Derby's pharmacy practice unit at the Galen Pharmaceuticals-sponsored symposium.

He believed the profession has to readdress the concept of pharmaceutical care and look again at pharmacists' science base, where they are experts on



different drug delivery systems.

Professor Sandy Florence of the School of Pharmacy, London, agreed that the future, with its increasingly complex high-tech drugs, will see pharmacists "returning to their laboratory skills with individual dosage in the community".

He feared the profession was beginning to lose control of its core expertise — the delivery of medicines. This view was echoed by Professor Arnold Beckett: "I

Dr James McElney, director of the School of Pharmacy, Queen's University, Belfast, said at the international symposium: "At Queen's we have long sought to emphasise not only the science of medicine, but also the importance of the pharmacist in providing expert care to patients, helping them to get the best from their treatment"

would warn that the scientific business of pharmacy is being so badly eroded that they may not be the best placed people [to give an appropriate scientific appraisal of medicines]."

Pharmaceutical care guru Dr Doug Hepler, from the University of Florida and a visiting professor at Queen's, pointed out that "social sciences are every bit as effective as science in pharmacy".

The problem facing the profession is its lack of support for

high-tech drugs. "We have created this superb technology for patients, but we dump this into a usage system that has not got enough support of this technology," he said. The consequence is drug-related hospital admission.

The answer lies in Therapeutic Outcome Monitoring (TOM) — the implementation of pharmaceutical care by changing the pharmacist's function, said Professor Hepler. Here the pharmacist liaises with the doctor to ascertain definite patient outcomes and monitors the patient.

"Safe and effective drug therapy needs a drug therapy system ... monitoring for problems, detection and resolution. Anyone with a licence to practice pharmacy should be able to monitor patients," he said.

Call to 'avoid bureaucracy at local levels'

Devolution of issues to local areas made sense, but excessive paperwork must be avoided, said David Coleman, Norfolk Local Pharmaceutical Committee chairman at a recent LPC meeting.

"The needs of the population of Norfolk, in terms of hours of service and domiciliary pharmacy, may well be very different from those of Notting Hill or Newcastle and it is right that we respond to those needs," he said.

"I do believe we need a national framework with devolved responsibilities sensitive to local needs, but let's not have local differences for the sake of 'doing different'."

Listing the many services offered by community pharmacists, Mr Coleman finished by inviting the health commissions to help convince the DoH that pharmacists' 'efficiency' should not be measured by the number of scripts per hour dispensed.

Pharmacists to give mental support

Bradford community pharmacists are to offer health education advice through mental health resource centres.

The Bradford Family Health Services Authority has received \$6,000 from Northern and Yorkshire Regional Health Authority to fund four pharmacists' attendance at the centres. A pharmacist will attend one of three centres for half a day a week to offer health education and advice on medication-related problems.

"The overall aim is to aid patient compliance with psychotropic medicines by detecting and reducing side-effects, the incidence of polypharmacy and resolving supply and administration problems," says pharmaceutical advisor Dr Deirdre Naylor.

All pharmacist advice and interventions over the 16-week project will be documented and assessed by an independent panel.

The pharmacists involved will receive special training in communication skills and updated information on psychiatric drugs before the trial begins in June.

Light at the end of the rural tunnel

I always find *C&D's Business in Focus* features make fascinating reading because of the empathy they can generate between pharmacists regardless of their practice backgrounds. Last week's contribution (April 8, p578) was no exception because here was a village pharmacy that was providing a sound, if not spectacular, living for its owner, but where further development was restricted to front shop activities.

The suggestions for improvement were soundly based, but what made them unusual was that they should never have been necessary. Here is a pharmacy serving a potential population of 10,000 people, but which is currently only dispensing 1,400 items per month and also receiving an essential small pharmacy allowance. Apparently, the area is a patchwork of small villages where part-time branch surgeries are necessary to serve the population.

Instead of having to develop static front shop activities, I would prefer to extend my service into the community, but that is a dream frustrated once again by dispensing doctors.

I am sure John Kerry's suggestions to Mrs L make sound commercial sense, but all is not professional gloom and I detect light at the end of the tunnel. The introduction of the proposed enhanced professional allowance and the devolution of pharmaceutical service planning to local administration is a recognition by the Department of Health of the wider responsibilities of community pharmacists. As this process proceeds, dispensing doctors, with their outmoded concept of supply-only pharmaceutical economics, will increasingly be left out on a limb and rural populations will soon be seen as receiving an inferior pharmaceutical service.

This will not happen overnight, but the winds of change are blowing. The revolution in pharmaceutical care that is presently reshaping the face of urban

Topical Reflections

practice will soon affect the countryside, and external pressures will ensure that change does occur. I believe the days of doctor dispensing are now numbered. With a little patience Mrs L will soon find herself at the forefront of exciting professional developments in rural pharmacy.

I told you so!



As promised, the TV advertising campaign for Movelat cream has started and, as expected, the demand has increased. But, as predicted, customer resistance to a £7.30 price tag has prevented many sales.

This was exemplified by my recent conversation with a lady enquiring after Movelat.

"An excellent product, madam. It's £7.30, but it is a very large tube."

"How much? I would be better going to the doctor. Don't you have anything similar to rub into my shoulder?"

"You could try XXX at £3.95."

"That will do nicely, thank you."

I hope my experiences do not reflect the general sales

patterns for Movelat, but in my not untypical small town pharmacy I can only say: "I told you so!"

Time for the CPP to get its hands dirty

The College of Pharmacy Practice has never enjoyed extensive membership because its strict academic entrance requirements have frightened off the majority of community pharmacists. That problem has at least been recognised by the launch of the college's 'Continuing Professional Development Portfolio', which attempts to attract membership by assessment, rather than examination (*C&D* April 8, p565).

However, tinkering, even radical tinkering, with the entry requirements will not change the fundamental structure of the college and its significance in application to the professional practice of its members. To me it has always been a distant organisation, even more divorced from reality than the Royal Pharmaceutical Society.

In order to survive and prosper the college needs new blood, but at the same time it has to reach out to community pharmacists and show them the advantages of membership. Esoteric elitism is no longer sufficient reason for its existence. If it is to prosper, those presently in power must be prepared to dirty their hands in the jungle of local health politics. An assessment method of entry may be more attractive, but the college's future can only be assured by attracting those to whom the advantages of membership have been made apparent.

SCRIPTspecials

New imidazole thrush treatment from Upjohn

Lomexin (fenticonazole nitrate) is a new imidazole antifungal from Upjohn, indicated for the treatment of vaginal thrush. The pliable pessaries are available in 200 or 600mg strengths for use in a three-day or one-day treatment regimen.

Upjohn says Lomexin has comparable efficacy to clotrimazole and miconazole. The product is priced at £3.29 — the same as Canesten vaginal tablets.

Product licence holder: Upjohn Ltd, Fleming Way, Crawley, West Sussex RH11 0 2LZ.

Presentation: soft pessaries containing fenticonazole nitrate 200 or 600mg.

Indications: treatment of vulvovaginal thrush.

Dosage and administration: one 200mg pessary deep into the vagina at bedtime for three days or one 600mg pessary deep into the vagina once only at bedtime.

Contra-indications: hypersensitivity to imidazoles.

Side-effects: slight transient burning may occur after intravaginal administration.

Precautions: discontinue and see doctor if hypersensitivity or resistance occurs.

Pregnancy and lactation: Lomexin should not be used during pregnancy or lactation unless considered essential to patient welfare.

Interactions: as systemic absorption after vaginal administration is low, interactions are unlikely to occur. Do not use in conjunction with barrier forms of contraception.

Legal category: POM.

Package quantities: 200mg × three pessaries (£3.29); one 600mg pessary (£3.29).

Product licence numbers: 200mg, PL 0032/0209; 600mg PL 0032/0210.

A&H launches integral Becloforte spacer device

Becloforte Integra is a new compact integral spacer device which Allen & Hanburys has designed as an alternative to a Becloforte Inhaler and Volumatic combination.

The British Thoracic Society guidelines recommend the use of a large-volume spacer device for the administration of inhaled steroid doses of 800-2,000mcg daily. However, many patients find the Volumatic device bulky and awkward to use. A recent survey found that only 9 per cent of patients prescribed Becloforte Inhaler as their high-dose inhaled steroid over a 12-month period were also prescribed a Volumatic spacer device.

Becloforte Integra, incorporates one Becloforte metered dose inhaler (200 doses of beclomethasone dipropionate 250mcg) which can be replaced when empty with a refill section. It is easy to operate and is a more convenient size than the Inhaler/Volumatic combination. The basic NHS price of Becloforte Integra is the same as for a Becloforte Inhaler (£23.10), and the refill section containing one Becloforte MDI is priced at £18.02.

A script for Becloforte Integra also only attracts a single prescription charge.

Allen & Hanburys Ltd. Tel: 0181 990 9888.

Fucibet 60g Cream

Leo Laboratories is introducing a larger size pack of Fucibet Cream. The 60g pack is available from May 1 at a basic NHS price of £12.64.

Leo Laboratories Ltd. Tel: 01844 347333.

Caprin 500s

Caprin (enteric coated aspirin 300mg) tablets are now available in a 500 pack size. The basic NHS price is £22.86 and the retail price is £40.23.

Sinclair Pharmaceuticals Ltd. Tel: 01483 426644.

Regulose transfer

The marketing and distribution of Regulose (lactulose) will be transferred from Intercare to Sandoz from May 1. From this date orders should be placed with wholesalers and not direct to Intercare.

Sandoz Pharmaceuticals (UK) Ltd. Tel: 01276 692255.

Periactin Syrup

Merck Sharp & Dohme is discontinuing Periactin Syrup (cyproheptadine hydrochloride 2mg/ml). Periactin 4mg tablets are still available.

Merck Sharp & Dohme Ltd. Tel: 01992 467272.

Symmetrel 100mg packs

The pack size of Symmetrel 100mg tablets has been changed from 100 to 56 tablets. The basic NHS price is £9.46.

Ciba Pharmaceuticals. Tel: 01403 272827.

Thixo-D Cal-Free

Sutherland Health has developed a calorie-free drink thickener for

the management of dysphagia. Thixo-D Cal-free is a clarified dispersible grade of free-flowing xanthan gum. It can be used in hot or cold drinks and fruit juices. It is also milk- and gluten-free. Each 30g tub provides at least 20 drinks and retails at £3.19.

Sutherland Health Ltd. Tel: 01635 874488.

BMS deletions

Bristol-Myers Squibb has deleted Mysteclin (tetracycline hydrochloride, nystatin) from its product range and all stocks are now exhausted. It has also discontinued the 100-tablet pack of Nystan (nystatin). The 56-tablet pack remains available. **Bristol-Myers Squibb Pharmaceuticals Ltd. Tel: 0151 604 2000.**

Synflex tablets

Synflex (naproxen) tablets are now blue with no markings. **Roche Products Ltd. Tel: 01707 366853.**

Lamictal starter packs

Wellcome has introduced starter packs of Lamictal. They are: Lamictal Monotherapy (lamotrigine 25mg), 42 tablets, £14.97; Lamictal Valproate Add-on (lamotrigine 25mg), 21 tablets, £7.49; and Lamictal Non-Valproate Add-on (lamotrigine 50mg), 42 tablets, £25.46.

Wellcome UK. Tel: 0161 435 9000.

Searle discontinuations

Searle is discontinuing Aldactone 25 × 500, Aldactone 100 × 500, Aldactide 25 × 500, Aldactide 100 × 500 and Lomotil × 500 and 1,000. **Searle. Tel: 01494 521124.**



Pharmacia has introduced Oxybutynin 5mg tablets. The basic NHS price for 100 is £27.24. Oxybutynin is indicated for urinary incontinence, urgency and frequency in unstable bladder conditions. It may also be used in children over five years for nocturnal enuresis. The usual dose is 5mg two or three times a day, which can be increased to a maximum of 5mg four times daily. **Pharmacia Ltd. Tel: 01908 661101**

Introducing the only metered dose inhaler that meets today's mandate.



The manufacture of aerosol inhalers containing chlorofluorocarbons (CFCs) is likely to be banned in the future, to comply with the Montreal Protocol, a world mandate to protect our environment.

New Airomir inhaler is the first ever CFC-free metered dose inhaler for asthma – and the only metered dose aerosol inhaler to meet this important initiative.

Airomir inhaler delivers salbutamol sulphate, and has comparable efficacy and safety to the brand leading CFC-salbutamol inhaler^{1,3} – at a comparable price.⁴

Switch your asthmatics to Airomir inhaler today, and help make a world of difference.

New **AiromirTM** (salbutamol sulphate inhaler)

The world's first CFC-free metered dose inhaler for asthma therapy

CFC FREE SYSTEM 

ABBREVIATED PRESCRIBING INFORMATION: **Presentation:** A pressurised inhalation aerosol delivering Salbutamol Sulphate Ph Eur equivalent to salbutamol 100 mcg into the mouthpiece of the adaptor. Airomir inhaler contains a new propellant, HFA-134a, and does not contain chlorofluorocarbons (CFCs). **Indications:** For the treatment of reversible airways obstruction associated with asthma, chronic bronchitis or emphysema. It may also be used prophylactically for the treatment of exercise induced asthma. **Dosage:** *Adults and elderly:* One or two inhalations as a single dose for the relief of reversible airways obstruction associated with asthma, bronchitis or emphysema. For the prevention of exercise induced asthma, two inhalations prior to exercising. *Children:* One inhalation for the relief of asthma, increasing to two as a single dose if necessary. One inhalation prior to exercise, increasing to two if necessary. Maximum dose for all patients – eight inhalations in 24 hours. **Contra-indications:** Hypersensitivity to salbutamol or any of the inactive ingredients in the Airomir inhaler. It should not be used in the management of premature labour and threatened abortion. **Precautions:** Administer cautiously to patients with thyrotoxicosis. Potentially serious hypokalaemia has been reported in patients taking beta-2 agonist therapy. Patients should be advised to seek medical advice if treatment ceases to be effective and/or their asthma seems to be worsening. Patients should not increase the dose without seeking

medical advice. Salbutamol and non-selective beta-blockers should not usually be prescribed together. **Side-effects:** Mild tremor, headache, tachycardia, palpitations, transient muscle cramps. Paradoxical bronchospasm and potentially serious hypokalaemia have been reported in patients taking beta-2 agonists. **Pregnancy:** There is no experience of Airomir inhaler in human pregnancy. The safe use of salbutamol during pregnancy has not been established but it has been in widespread use for many years without apparent ill consequence. Studies of propellant HFA-134a in pregnant rats or rabbits have not shown any special hazard. **Lactation:** It is not known whether salbutamol or propellant HFA-134a are distributed into human breast milk. **Pharmaceutical precautions:** Store below 30°C protected from frost and direct sunlight. As the vial is pressurised no attempt should be made to puncture it or dispose of it by burning. **Basic NHS price:** £2.30 **Product licence number:** PL0068/0165 **Legal Category:** POM. **Date of preparation:** March 1995 **References:** 1. Data on file, 3M Health Care, Study 1012-SILV. 2. Data on file, 3M Health Care, Study 1037-SILV. 3. Data on file, 3M Health Care, Study 1031-SILV. 4. MIMS March 1995. **Date of preparation of literature:** March 1995. Further information is available from the 3M Health Care Information Scientist, Telephone Loughborough (01509) 611611. Pharmaceutical Division, 3M Health Care, Loughborough, England. 3M and Airomir are trademarks of the 3M Company.



Clean slate for Scott's Baby Fresh

Scott is attacking the baby wipes market with a new £3.3 million promotional campaign. Its Ultra Guard wipes will be the focus for the assault, which comprises an eight-week TV run, press advertising in parent and consumer magazines, as well as extensive sampling. Ultra Guard boasts a proven skin protectant,

which forms a barrier to help stop wetness and irritants reaching the baby's skin. It also uses micro-sponge technology to hold the formula on the fibres of the wipe. ● The company has recently introduced a refill pack (78 wipes, £2.85) for Ultra Guard. **Scott Ltd. Tel: 01474 336000.**

Folic acid tablets from Numark

Numark is adding Folic Acid Tablets to its range of vitamins and supplements. The 400mcg tablets are available in packs of 90 (\$1.99) and are intended to be taken on a one a day basis.

Ordinary Numark members have a POR of 40 per cent. This rises to 43 per cent when the shareholders' retrospective rebate is applied. **Numark Ltd. Tel: 01827 69269.**

Denture promotion with bite

A trip to New York is up for grabs in a special prize draw. To support its denture fixative brands (Poli-Grip and Dentu-Creme) Stafford-Miller is running a 'Bite the Big Apple' promotion. Entry into the prize draw involves stocking a new counter display

which holds eight cartons of 40g Poli-Grip Ultra or 48ml Dentu-Creme. It comes with a shelf strip and tent cards. All display items must remain sited in the pharmacy during the promotion (April through to July) to qualify. **Stafford-Miller Ltd. Tel: 01707 331001.**



Optrex's promotional package

In preparation for the hayfever season, Optrex is introducing a new promotional support package. There are two new merchandising units — one a Perspex display designed to sit on the counter and one a cardboard display outer, holding a dozen 10ml packs. Point of sale leaflets have been produced, too.

There is also a sampling programme: a sample box comprising two free packs of 10ml Optrex Hayfever Allergy Eye Drops is to be distributed to all independents. ● A new consumer advertising campaign is to feature in the women's press and on posters on the London Underground. **Crookes Healthcare Ltd. Tel: 0115 9507431.**



New POS not to be sneezed at!



New point of sale material for Clarityn and Clariteyes is now available for the forthcoming hayfever season. The three-dimensional blue and green material includes a counter unit, window display and shelf edger.

The reverse of the counter unit carries information to help remind pharmacy staff of protocol questions. The units also have in-built high/low pollen indicators. **Schering-Plough Consumer Health. Tel: 01707 363739.**

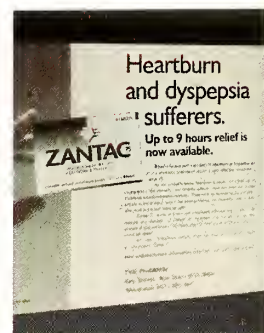
Weleda to start regional counter training in June

Weleda is to run a series of regional training seminars for counter assistants this June. The seminars will cover homoeopathic and anthroposophic medicines, and cruelty-free body care. They take place on: June 6 at Reigate Manor Hotel, Reigate; June 7 at the Compass Inn, Bristol; June 14 at Sketchley Grange, Hinckley; June 21, at Cresta Court, Manchester; and June 22 at York Pavilion, York. For further details and a booking form call 01159 309319. **Weleda (UK) Ltd. Tel: 01159 9303151.**

Local initiatives for Zantac 75

Warner Wellcome has launched a support programme to help independents advertise Zantac 75 locally. In association with the National Pharmaceutical Association, the programme includes half- and quarter-page black

and white advertisements, which pharmacists can customise to advertise their own stores. ● The artwork for the advertisements is available by contacting: **National Pharmaceutical Association. Tel: 01727 58687, ext 259.**



Soothing extensions from Avent take Noah theme

The new Avent Noah's Ark Soother range offers a choice of six designs — a lion, hippo, dog, bear, pig and frog. The new range, for babies over three months, is in blister

packs with an additional Noah's Ark backing card. A pack of two soothers retails at \$2.99. The company's traditional range of soothers is also being extended with the

addition of new nursery rhyme characters including: Humpty Dumpty and the Owl and the Pussycat. These retail at \$2.59 for two. **Cannon Rubber Ltd Tel: 01787 267000.**

NOW YOU CAN RECOMMEND NEW RELIEF FOR YOUR CUSTOMERS WHEN PILES FLARE UP

Anusol HC (Hydrocortisone acetate, Benzyl benzoate, Bismuth subgallate, Bismuth oxide, Balsam Peru, Zinc oxide.) is now available for the first time over the counter as Anusol Plus HC.

Hydrocortisone is clinically proven to reduce inflammation and swelling and to ease the pain and discomfort experienced when piles flare up. Anusol Plus HC is the only product with hydrocortisone to treat piles available without prescription.

To help you give your customers the best advice, Warner Wellcome has produced a training booklet for pharmacists and their staff on Anusol Plus HC and its use in piles sufferers. You will receive it personally from your Warner Wellcome representative or copies are available on request.



Anusol Plus HC is also being supported with point-of-sale material, including consumer leaflets. And these leaflets have a special feature. In case the customer is too embarrassed to broach the subject in the pharmacy, the leaflets contain a small slip that can be handed to you to begin the consultation in a non-verbal way.

What's more, to help ensure piles sufferers are aware of Anusol Plus HC and the new relief you can now offer, Warner Wellcome are advertising in women's magazines and national newspapers from May. Stock is available immediately so that you can meet the demand.

Anusol Plus HC is available as ointment and suppositories, only in pharmacies. And Anusol HC is still available on prescription to doctors. For further information, please contact your local Warner Wellcome representative or call (01703) 641400.

For the first time available without prescription.

Anusol Plus HC Essential product information Presentation: ointment and suppositories. **Active ingredients:** Each 100g of ointment contains: Hydrocortisone Acetate Ph Eur 0.25g, Benzyl Benzoate Ph Eur 1.25g, Bismuth Subgallate 2.25g, Bismuth Oxide 0.875g, Balsam Peru Ph Eur 1.875g, Zinc Oxide Ph Eur 10.75g. Each suppository contains: Hydrocortisone Acetate Ph Eur 10mg, Benzyl Benzoate Ph Eur 33mg, Bismuth Subgallate BP 59mg, Bismuth Oxide 24mg, Balsam Peru Ph Eur 49mg, Zinc Oxide Ph Eur 296mg. **Indications:** Symptomatic relief of internal and external (ointment only) haemorrhoids, pruritus ani. **Dosage:** Ointment: Adult (over 18 years), elderly: Apply sparingly to the affected area at night, in the morning and after each evacuation. Children (under 18 years): not recommended. Suppositories: Adult (over 18 years), elderly: One suppository inserted rectally at night, in the morning and after each evacuation up to a maximum of three a day. Children (under 18 years): not recommended. **Contraindications:** Tubercular, fungal and most viral lesions including herpes simplex, vaccinia and varicella. Sensitivity to any of the constituents. **Warnings and Precautions:** Systemic absorption may occur. Prolonged/excessive use may produce systemic corticosteroid effects. Use for periods longer than seven days is not recommended. Discontinue and advise patient to consult GP if symptoms do not improve or worsen or if rectal bleeding occurs. **Pregnancy:** Use only where no safer alternative (see data sheet). **Side effects:** Rarely sensitivity. Transient burning. **Product licence numbers:** Ointment 0018/0223, Suppositories 0018/0224. **PL Holder:** Parke Davis & Company. Distributed by Warner Wellcome Consumer Healthcare, Lambert Court, Chestnut Avenue, Eastleigh, Hampshire, SO53 3ZQ. **RSP (excluding VAT):** Suppositories (12) £3.36, Ointment (15g) £3.11. **Legal category:** P-Pharmacy only. **Date of preparation:** January 1995. Anusol is a Trademark.

Warner Wellcome
CONSUMER HEALTHCARE

Accent on Bébelle

The new baby range from Laughton & Sons is called Bébelle and not 'Búbelle' as reported in *Babycare*, April 1, 1995. **Laughton & Sons Ltd. Tel: 0121 436 6633.**

Gentleman's range

Fine Fragrances & Cosmetics' offer of free stock worth £60 (at retail) with opening orders over £125 (wholesale) applies only to its Gentleman's range (see Counterpoints, April 1, 1995). **Fine Fragrances & Cosmetics Ltd. Tel: 0181 979 8156.**

Bioforce bonus

Bioforce is offering a bonus of buy five Pollinosan products and get one free. **Bioforce (UK) Ltd. Tel: 01563 851177.**

Outdoor madness

Outdoor Girl Sheer Colour Lipstick and Nail Polish will be temporarily reduced this summer to £0.99 each. **Procter & Gamble Cosmetics & Fragrances. Tel: 01202 524141.**

T-Gel tops

The biggest-ever ad campaign for Neutrogena's T-Gel is currently on air and runs for the next five months. **Neutrogena (UK) Ltd. Tel: 01494 474787.**

Free Arkocaps

Arkopharma is currently offering retailers a self-serve display stand with every seven dozen Arkocaps ordered, plus one dozen free of charge. **Phoenix Distribution. Tel: 01295 271311.**

Joint support

Bauerfeind's pharmacy only range of Act joint supports comes complete with a counter merchandiser, patient leaflet dispenser and display backboard, as well as a supply of personalised letters to send out to fellow professionals advising on the new availability. **Pharmaforce Ltd. Tel: 01572 821648.**

Wiz of an idea from Wisdom

Wiz is a new children's toothbrush from Wisdom.

Aimed at ages 3-10 years, it comes in bright colours with an ergonomically-shaped plastic and rubber handle. It has a small brush head and slim neck.

Wisdom is supporting the launch with a free on-pack entry to the Wiz Club, which offers

information and advice in a comic format.

Characters appearing in the comic will also be used in posters and appointment cards to be distributed through dentists.

Wiz retails at £1.79 and joins the Wisdom Start! and Thomas the Tank Engine toothbrush ranges.

Wisdom Toothbrushes. Tel: 01440 714800.



An extra 'E'

A new-strength Vitamin E supplement has been introduced by Seven Seas.

The 400iu (268mg) dose joins the company's One-A-Day Antioxidant range, which already has 100iu and 200iu strengths.

A 60-capsule tub retails at \$4.99.

Seven Seas Health Care Ltd. Tel: 01482 75234.

Diamonds aren't always forever

Colgate is changing the name of its Diamond Head range to 'the Colgate toothbrush' and bringing its price down to \$1.49.

The company says that the move is to build on the strength of the Colgate brand.

The brush itself remains the same, with the packaging being simplified to bring it

more into line with the company's toothpaste to encourage cross-category purchases.

Colgate-Palmolive is supporting its toothbrush range with a \$4.2 million promotional package during 1995, including a professional programme and national TV advertising.

Colgate-Palmolive Ltd. Tel: 01483 302222.



Banded bonus

From April 17, Aquafresh Flex n Direct toothbrushes will be banded onto Aquafresh 100ml Fresh n Minty and 100ml Mild n Minty toothpaste pumps.

Aquafresh Flex n Direct Interdental toothbrushes will be banded onto Aquafresh 100ml Bicarbonate of Soda pumps.

Smithkline Beecham says that a similar promotion last year increased sales of Aquafresh pumps by 24 per cent (without any detrimental effect on tube sales).

Smithkline Beecham Consumer Healthcare. Tel: 0181 560 5151.

Tambrands discounts

A new promotion for independents on Tampax tampons starts in May.

Packs of tens and 16s will feature the following prices: ten Mini tampons \$1.09; ten Regular, \$1.19; ten Super, \$1.29; ten Super Plus, \$1.45; 16 Regular, \$1.69; and 16 Super, \$1.79.

Tambrands Ltd. Tel: 01705 442000.

Iron booster

Spatone Iron-Plus is now available in sachets.

A new counter display contains 60 one a day sachets, 150 promotional and 150 information leaflets on iron deficiency. The unit costs \$6.38 (plus VAT) with a retail value of \$15 (at \$0.25 per sachet).

The product is also available boxed: 14 sachets at \$2.99 and 28 at \$4.99.

Bioforce (UK) Ltd. Tel: 01563 851177.

Blister care

A new blister care product has been developed by Cuxson Gerrard under its Carnation umbrella.

Active 8 (rsp \$3.35) combines a skin-friendly adhesive system with moisture-absorbing qualities. The top surface of the product contains a fabric layer which provides protection against friction.

Packaged in a vacuum-formed pack, it contains ten plasters of assorted shapes.

The company has also launched a new multi-treatment pack of ten corn caps (\$2.10). **Cuxson Gerrard & Co Ltd. Tel: 0121 544 7117.**

101 reasons to stock Lady Jayne ...

The latest addition to Lady Jayne's Disney line-up is 101 Dalmations hair accessories.

The Dalmations join the brand's existing characters: Little Mermaid, Minnie Mouse and Disney Babies.

The new range features

two puppies on a hairslide (\$2.49 for two), ponytail band (\$1.99 for two), scrunchie (\$2.49) and sleepie clips (\$1.99 for two). All products are available in either white, red or black.

Available from May 1, there is a free-standing or

wall-mounted show stand to accompany the range.

The company has also just introduced its Lady Jayne summer collection. Terracotta, peach, light blue and navy are the predominant colourways. **Laughton & Sons Ltd. Tel: 0121 236 9501.**



ANNOUNCING A MAJOR NEW INITIATIVE FOR COMMUNITY PHARMACISTS

The place is changing
increasing
pressures are

It's time for the Community
pharmacist to have a voice. This new
initiative have established the
Community Pharmacy Liaison Group

This hand-picked team has been
created to help you maximise
commercial viability. The Group can
draw upon a wide range of expertise to
provide support services and information
needed to meet your needs.

Now your voice can be heard

To do this, the Group needs your
input. Over the next few weeks we will
be conducting a major Community
Pharmacy Survey – the first of its kind.
The survey is your chance to have your
views heard by a major pharmaceutical
company and extensive pharmacy
network. The problems you face
in your business that most concern
you. With this information we intend to
develop and refine the strategies and
initiatives to help your business.

If you would like to be part of this
initiative, please telephone the
number below. You can be sure that all
information will be treated in the strictest
confidence.

ZENECA

COMMUNITY PHARMACY LIAISON GROUP

Zeneca Community Pharmacy Liaison Group
Advice from ZENECA Pharma, King's Court
Lane, Wilmslow, Cheshire SK9 5AZ

THE ZENECA COMMUNITY
PHARMACY SURVEY

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Antifect label

Potter's Antifect remedy for relieving catarrh and blocked sinuses will carry a new label stressing its use in hayfever this season. **Potter's Herbal Medicines. Tel: 01942 234761.**

Fuji pack

Fujicolor Quicksnap Panorama single-use camera is available to retailers in a counter top, five-pack display unit. Fuji has also expanded its Fujicolor Super G Plus film range with a 200 ISO speed for the 110 format. **Fuji Photo Film (UK) Ltd. Tel: 0171 586 5900.**

Blister support

Scholl's six-month national press promotion of its Blister Treatment kicks off this month in the women's press. The 'New shoes, no pain' campaign builds on the company's yellow and blue design concept. The company has also been appointed Lichtwer Pharma's new UK sales distributor. **Scholl Consumer Products Ltd. Tel: 01582 482929.**

Plax poster push

Colgate Plax is being supported with a £360,000 national poster advertising campaign until mid-April. Covering 324 sites, it will target 58 per cent of 16-34-year-olds. **Colgate-Palmolive Ltd. Tel: 01483 302222.**

J&J's £5m spend

Johnson & Johnson is to spend £5 million in an advertising blitz promoting its Baby Bath, Moisturising Baby Lotion and Baby Shampoo products. The national campaign begins mid-April. **Johnson & Johnson Ltd. Tel: 01628 822222.**

Constance care

Constance Carroll is launching Preventive Skincare Technology, containing plant extracts, at this year's Cosmoprof. **Collection 2000 Ltd. Tel: 01732 453213.**

Bigger splash for Radox Showerfresh

Sara Lee is introducing 500ml value packs in its two top-selling variants of Radox Showerfresh.

The company says that the larger packs should encourage more consistent, frequent use of shower gel.

The packs feature a flip-top lid and retail at £2.59.

Sara Lee UK Ltd. Tel: 01753 523971.



No limits for Cacharel's Loulou

Loulou Blue swathes the techno-loving '90s teenager with a flower-scented fragrance.

Parfums Cacharel dubs its new perfume a 'technoscent', the first French fine fragrance targeted at 13-20-year-olds. Loulou Blue contains fresh, light vanilla, tiare lily, ylang ylang and mimosa.

Packed in fluorescent blue glass with a metallic blue and red cap, the eau de toilette retails at approximately £12.50 for 35ml, £16.50 for 50ml and £25.00 for 100ml.

Loulou Blue is available from May 10 through Boots' stores and from May 29 nationwide. **Prestige & Collections Ltd. Tel: 0181 979 6699.**

Palmer's extends aloe vera



Palmer's has extended its Aloe Vera Formula range with Aloe Vera Formula Extra Rich Moisturising Gel.

Recommended for all-over body use, it comes in two sizes, a 106g tube (£2.55) and a 113g jar (£3.29).

The rest of the range comprises: Aloe Vera Formula Gel (300ml bottle, \$3.49); Aloe Vera Formula Soothing Mist (240ml pump spray,

\$4.35); Aloe Vera Formula Lotion (400ml pump dispenser, \$3.99 and 250ml bottle, \$3.09); Aloe Vera Formula Cream (106g tube, \$2.55); Aloe Vera Moisturising Body Oil Spray (120ml spray dispenser, \$4.35); Aloe Vera Formula Moisturising Cleansing Bar (100g bar, \$1.89); and a Medicated Lip Balm (4g, \$1.40).

E T Browne UK Ltd. Tel: 0181 532 9224.

Laughton stands by its prices

By buying direct, you can purchase a Manicare display at its 1994 price.

A half-metre stand, stocked with selected Manicare best-sellers, is available at the reduced

price of \$99.99 (normal price \$136.78).

The promotion continues until the end of May (while stocks last). **Laughton & Sons Ltd. Tel: 0121 236 9501.**

Amino anti-ageing ammunition

A new food supplement, Anoushka's 4 Amino Plus, promises "beautiful, young-looking skin up till middle age and beyond".

The supplement combines three amino acids plus proline (one of

the main constituents of collagen), together with nine other vitamins and minerals. It retails at \$23.95 for one month's supply (30 capsules).

Biocare. Tel: 01277 821411.

Lighter touch of Samsara

Guerlain has launched Un Air de Samsara, a lighter version of its top-selling fragrance.

Targeted at a younger user, the fragrance has a more floral bouquet and fewer oriental notes than the original. Packaging echoes that of Samsara, though the bottle is made of frosted glass.

The range comprises: eau de toilette spray 30ml, 50ml and 100ml (£22, £34 and £49.50 respectively) and eau de toilette 50ml (£32.50). **Guerlain Ltd. Tel: 0181 998 1646.**

What a performance!

Rimmel Silks' latest lipstick, Colour Performance (\$3.99), is comparable in quality to premium product ranges, the company says.

Enriched with shea nut butter and jojoba oil, it gives a demi-matte finish and is available in eight shades.

The lipstick will be supported by a new 20-second commercial, which will air in August. In-store support includes self-sta trays and shelf wobblers. **Rimmel Chicago. Tel: 01233 625076.**

ON TV NEXT WEEK

Dove Bar: All areas

Excellence Creme: All areas except CTV, C4, CAR & GMTV

Halls Soothers: All areas

Imodium: All areas

Move!: All areas except GMTV

Nice 'n Easy: All areas except U, Y, CTV, W & GMTV

Nurofen Cold & Flu: All areas

Nurofen Plus: All areas

Nytol: All areas

Radox: All areas

Rennie: All areas except CAR

Revlon Age Defying Make-up: All areas

Sensodyne-Switch: All areas inc satellite

Soft & Gentle: All areas

Zantac 75: All areas

GTV Grampian, **BBorder**, **BSkyB** British Sky Broadcasting, **C Central**, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, **GMTV** Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

SUPPLY ON DEMAND



You get exactly what you order and nothing less from Lennon Pharmaceuticals – a range of generics in individual blister calendar packs with full patient leaflet.

The UK Amendment Regulations (1992) implement European Directive 92/27/EEC which requires newly licensed products and those requiring licence renewal from 1 January 1994 to comply with EC labelling and patient information requirements.

LENNON GENERICS...

- Daily deliveries through nominated wholesalers
- Build patient loyalty
- Save time with easy to dispense calendar packs
- Save money with lower stock costs

Call our Helpline on **01484 608886** for an explanatory booklet on the EC Directive.

LENNON

PHARMACEUTICALS

BECAUSE YOUR TIME IS INDISPENSABLE

BPSA advocates nurse involvement in OTC recommendations

The British Pharmaceutical Students' Association's annual conference was the scene of several heated debates, including the defeat of a motion to exclude nurse practitioners from recommending over the counter products

A motion calling for in-store nurse practitioners to be excluded from recommending OTC products was defeated by delegates at the British Pharmaceutical Students' Association annual conference in Bradford.

BPSA secretary general Fiona Madden, proposing the motion, said the role of the pharmacist would be undermined. Nurses would be costly and doubled up on what counter assistants have been trained to do under the new protocols. "You've got to stand up for your profession, otherwise pharmacy will go down the tubes," she said.

The Association's public relations officer, Nicola Wake, agreed, adding that nurses had their own role in the pharmacy, such as healthcare promotion. "We're not against them working with us. It is about working

together for the benefit of the patient."

Opposing the motion, Greg Miller (ex-Liverpool) said the exclusion of nurses from OTC recommendation would be a backward step for the profession. He agreed with other delegates that nurses had the necessary clinical knowledge to recommend OTC products under the supervision of the pharmacist and under set protocols. The public would be more likely to accept advice from nurses than counter assistants.

Robert Forde (Aston) believed the motion was very short-sighted. Just as pharmacists would never take over the role of medics, nurses would never take over from pharmacists. "If medics are as blind and blinkered, then the NHS will fall to pieces."

Bill Rial (Aston) said the issue of hierarchy in the pharmacy was

important and recommended that a concerted effort be made to educate patients that the pharmacist has the ultimate knowledge in the pharmacy.

Other motions passed.

- The BPSA wants community pharmacists to have access to the medical diagnosis of any patient with appropriate consent. Pharmacists could use the information to recommend more appropriate medication and to improve counselling. The move would increase communication between doctors and pharmacists in the community.

- Delegates voted unanimously to have filter needles made available from pharmacies involved in needle exchange schemes. Although expensive, the needles would bring down the cost of hospital admissions of addicts suffering from pulmonary embolisms.

Mandatory continuing education 'unavoidable'

Mandatory continuing education is "unavoidable" and a good step forward for pharmacy, according to Ian Jones, professor of pharmacy practice at Portsmouth School of Pharmacy.

Professor Jones was answering a question put to the BPSA Question & Answer panel, chaired by RPSGB Council member Alison Blenkinsopp, on whether continuing education should be made mandatory for registration. He added that the move would

also enhance the credibility of the profession.

Mike Rudin, Tesco's superintendent pharmacist, agreed, but was unsure of the practical implications of making the motion compulsory. An even more important issue was raising the standards of pharmacies, he said.

Incentives, such as credits and qualifications, were a better option than removal from the Register, said Professor Henry Chrystyn, head of pharmacy

practice at Bradford School of Pharmacy. "People who want to progress and become excellent pharmacists are the ones who will do it [continuing education]. Those who don't will not survive," added the professor.

Peter Marshall, deputy chairman of Numark, preferred the idea of monetary incentives, similar to those given to general practitioners, co-ordinated by local branches.

Elizabeth Kay, director of clinical pharmacy at Leeds General Infirmary, said people most in need of continuing education would be those nearing the end of their professional career. However, she questioned what form this education would take, since she did not believe lectures were effective.

The BPSA had previously passed a motion on making continuing education compulsory. Robert Forde (Aston) wanted the profession to regulate its own performance. "Patient counselling requires a wide and deep knowledge and anyone failing to keep up to date is risking giving inappropriate information and is detrimental to the profession," said Mr Ford.

Successful Gatwick landing for GHP

The Guild of Hospital Pharmacists National Weekend School attracted over 220 pharmacists to the Gatwick Hilton Hotel.

Hospital pharmacists were highly praised by Dr Joe Collier of the *Drug and Therapeutics Bulletin* in the keynote opening speech. He urged more of them to become involved in research as a means of becoming more influential in hospitals.

Poisoning and the Health of the Nation targets were the subjects under discussion at the first session. Speakers from the National Poisons Information Service outlined the substances used in poisoning, ranging from OTC analgesics to herbal remedies, and current poison management.

Rachel Lee of the NPIS reported on her involvement in a three-year project in south London evaluating the role of community pharmacies in preventing accidental poisoning.

The campaign will be linked to a DUMP promotion in June or July to tie in with Pharmacy Week and Child Safety Week. As accidental poisoning occurs more frequently in the under-fives and over-65s, community pharmacists will be encouraged to target elderly customers and parents of young children with advice.

Different aspects of ethics in healthcare were discussed in the final session. Responsibility and legal implications were graphically explained by Andy Andrews, a solicitor. He told delegates, "You are accountable to society, your patients, your employer and your profession." When something goes wrong "you could be tried four times".

Professor Nick Barber of the School of Pharmacy, London, described his new model for good prescribing which has four aims: maximise effectiveness; minimise risks; minimise costs; and respect patient choices. He also spoke of the need to develop the Code of Ethics, separating ethical issues from professional requirements.

The Glaxo award for best oral presentation was won by Bryony Dean of St George's Hospital, London, and the Ciba award for best poster went to Rowena McCartney from the University Hospital of Wales.

- The GHP National Weekend School 1996 will be held in Newcastle, Co Down, from April 12-14.



Question & Answer panel members (left to right): Professor Chrystyn, Mrs Kay, Dr Blenkinsopp, Mr Rudin

PHARMACYupdate

Research Digest

Psycho-active drugs in the elderly and the effects of weight loss on metabolism /

Diagnosing the menopause

Magaret Rees MRCOG looks at the social and medical significance of the condition /V

Satisfaction with HRT clinics

Hormone replacement therapy not only reduces the severity of perimenopausal symptoms but also offers significant protection against fractures associated with osteoporosis, and probably protects against cardiovascular disease, too. The fact that uptake and continuation rates are very low is therefore cause for concern. A Wigan GP has evaluated one possible solution — the HRT clinic.

Changes to the GP contract in 1990 led to the development of many health promotion clinics. In this practice, the HRT clinic was set up according to RCGP guidelines and offered long consultation times and screening. There was a standard treatment protocol.

Twelve months later, all women patients registered with the practice who were taking HRT were questioned about their satisfaction with treatment, whether or not they had attended the clinic.

Sixty per cent of the 137 women who replied had attended. Reasons cited for not attending included preference for the GP (27 per cent); ignorance of the clinic (20 per cent); and clinic times inconvenient (18 per cent).

However, a quarter of women being treated by their GP had not had their HRT reviewed for over a year. Overall, clinic attenders rated their service more highly than women seeing their GP, particularly valuing consultation with the practice nurse; discussions about associated problems; and explanation about treatment.

Despite its success in improving patient satisfaction — and, therefore, potentially increasing HRT uptake — the funding for the clinic was withdrawn in 1993.

British Journal of General Practice 1995;45:79-81

The elderly, falls and drugs

Treatment with psycho-active drugs is an independent risk factor for falls in elderly people, but why? Specialists in Australia have compared sensorimotor

function in 76 women taking one or two such drugs with that in 338 untreated controls. They found a wide range of drug-induced abnormalities.

Tactile sensitivity, sense of

vibration, reaction time, perception of body sway and leg muscle strength were all significantly impaired in women taking medication and the effects were even more marked in those taking two or more drugs. They were also substantially less active.

There was a significant dose-response relationship between drug use and falls: 35 per cent of drug users suffered multiple falls compared with 17 per cent of non-users — a relative risk of 2.08 for women taking one psycho-active drug rising to 8.99 for two or more drugs. Of all drugs taken, the association with falls was significant only for long-acting benzodiazepines and antidepressants.

Nearly a third of women taking psycho-active drugs had postural hypotension compared with one-fifth of controls, though this was not directly associated with falls. Analysis of other factors revealed that impaired sensorimotor function — weakness, poor perception of movement — causes postural instability, which predisposes to falls.

British Journal of Clinical Pharmacology 1995;39:227-34



Features of near-fatal asthma attacks

The problems underlying the risk of severe asthma attacks go deeper than ineffective treatment and prophylaxis. Research from Australia into the circumstances surrounding potentially fatal attacks resulting in hospital admission shows that psychological factors play a significant role.

Seventy-seven people with severe asthma attacks were interviewed within 12 weeks of hospital admission. Their mean age was 38, and 40 per cent had only mild or moderate asthma. Most

admissions were linked with progressive respiratory distress but 16 per cent occurred as sudden attacks.

According to standard rating scales, 43 per cent of the group met clinical criteria for psychiatric illness. This was more marked among older people and correlated well with markers of asthma morbidity, such as days off work.

There was also a high level of denial of illness, and this was significantly correlated with the asthma attack presenting as a sudden

collapse rather than progressive distress. More than 40 per cent felt heavily stigmatised by their illness.

Clinical indicators which might have predicted an acute attack were not consistently evident. Just over half had consulted a doctor in the month prior to admission and 22 per cent had attended casualty because of asthma symptoms in the past year.

This study shows that psychiatric morbidity is common in those who survive a severe attack of asthma. *Thorax* 1995;50:254-9

Red, red wine

Modest consumption of red wine has been shown to have a favourable effect on cardiovascular risk and this effect appears to be mediated by phenolic flavonoids.

There is evidence that these agents may inhibit oxidation of low-density lipoproteins, an important process underlying atherogenesis. Researchers from Israel have now explored this theory. Seventeen healthy men were condemned to drink 400ml/day of either red or white wine while maintaining their usual diet and exercise levels. Their wine intake previously had been less than 1 litre a week.

In those drinking red wine, susceptibility of plasma lipids to peroxidation declined by 20 per cent over two weeks compared with an increase of 33 per cent among white wine drinkers. This difference could not be explained by other plasma constituents such as antioxidant vitamins.

There was no change in levels of vitamin E or carotenoids. There was also an increase in HDL-cholesterol with red wine but not white, and no change in levels of LDL cholesterol in either group.

Red wine was found to contain a substantially greater concentration of polyphenols. This achieved a four-fold greater concentration in plasma and was directly linked with reduced susceptibility of LDL to peroxidation.

Flavonoids have also been shown to prevent cancer in animals and to inhibit cell proliferation *in vitro*. Could they protect against cancer as well as heart disease in man?

Dutch epidemiologists compared flavonoid intake and disease rates in 12,700 men in nine countries. They evaluated total flavonoid intake, calculated from the consumption of foods, such as green vegetables, certain fruits and wine.

Statistically, the most important factors predicting death from heart disease were saturated fat intake (73 per cent of variance); the proportion of population who were smokers (9 per cent); and flavonoid intake (7 per cent). But, whereas smoking and fat intake were also associated with cancer mortality, flavonoid consumption was not an independent risk factor. *American Journal of Clinical Nutrition* 1995;61:549-54
Archives of Internal Medicine 1995;155:381-6

Weight loss slows metabolism

Shedding excess weight is a fundamental precept to the management of risk factors for cardiovascular disease, but it is not easy. Not only do people dislike changing their diet but it is often difficult to achieve any results. A study by metabolic specialists in America helps to explain why.

Energy expenditure was measured in 18 obese and 23 normal weight subjects, after losing 10-20 per cent or gaining 10 per cent of body weight by under or over-feeding. In both groups, energy use varied to compensate for changes.

When body weight was reduced, total energy expenditure fell by 6kcal/kg in non-obese subjects and by 8kcal/kg in obese subjects. When body weight increased, energy expenditure rose by 8-9kcal/kg.

About 70 per cent of total energy expenditure just keeps the body going: 60 per cent goes on metabolic processes and 10 per cent on digestion. The other 30 per cent is for physical activity.

Researchers found resting and non-resting energy expenditure adjusted to compensate for changes in body weight and changes were independent of sex, the amount of activity, and how fat the subjects were.

The authors warn that achieving a 'more healthful' body weight may be accompanied by metabolic changes that make it difficult to maintain the new weight. This is valuable advice when lack of progress on losing weight is often interpreted as a failure of the individual.

If obese couch potatoes must change their lifestyle to reduce their cardiovascular risk factors, do they find it an unacceptable imposition? Some might say that there is no point lowering the long-term risk of disease if the most obvious outcome is several decades of denial and misery.

A Swedish study examined the impact of diet and/or exercise on quality of life in men with moderately raised risk factors. Of 183 men invited to participate, only 23 declined.

Baseline quality of life assessments revealed a group with a feeling of wellbeing. They were slightly overweight with a tendency to middle-age spread: the average total serum cholesterol was 6.1mmol/l.

Interventions consisted of modest exercise (walking or jogging) for 30-45 minutes three times a week with optional supervised aerobic exercise classes. Diet aimed to reduce fat intake and increase carbohydrate consumption.

The study lasted six months; compliance was checked after three months.

Compared with controls who made no changes in lifestyle, blood pressure, glucose tolerance and total LDL-cholesterol improved with the various interventions, though not consistently. Energy intake fell by 10 per cent and body mass declined with exercise combined with diet, but not with diet alone.

Self-assessed cardiac symptoms improved significantly in the group undertaking exercise with diet but there were no other changes in somatic problems. Quality of life assessments revealed no change in any group during the study. Clearly, no one felt much better but at least they felt no worse.

It is uncertain how well these findings can be extrapolated to general practice, where people at risk probably have less motivation to change and perhaps a lower sense of wellbeing than these study participants. Nonetheless, this study does demonstrate that favourable changes can be made without detriment to quality of life when the circumstances are right.

Quality of Life Research 1995;4:13-20

Doctors and yellow card misunderstandings

The Committee on Safety of Medicines' yellow card scheme is highly regarded as a surveillance and alerting system for adverse reactions, but it would be even better if more doctors reported more reactions.

The success of the system in reliably identifying uncommon events and quantifying the risk of known reactions depends on achieving an adequate database. As part of a Europe-wide initiative, the CSM recently surveyed 500 doctors to determine their attitudes to reporting.

The first disappointment was the response: only 57 per cent replied, equally divided between hospital doctors and GPs. Just over 60 per cent said they had ever filled in a yellow card, the most important factors in their decision being the seriousness or rarity of the

reaction and the involvement of a new drug. Half said that confidence in their diagnosis was a deciding factor, although the CSM repeatedly emphasises that a suspicion of a reaction is sufficient reason to report it.

Other barriers to reporting included the alleged poor availability of yellow cards (even though they are included in *MIMS*, the *BNF* and the *Data Sheet Compendium*). Half of respondents were unaware that the black triangle signifies a new drug for which all reactions should be reported. GPs were generally more knowledgeable than their colleagues in hospitals.

In the 1970s, Professor Bill Inman (who set up the CSM) suggested seven reasons why doctors do not report enough adverse reactions. These

included too much work, ignorance, fear of litigation and complacency. The CSM found no evidence that doctors believed these reasons were valid except in the case of workload, where a fifth of doctors said they were too busy.

The authors conclude that doctors too often misunderstand the yellow card system. The most important objective, they say, is to ensure that a culture of adverse reaction reporting pervades the medical profession as a whole. *British Journal of Clinical Pharmacology* 1995;39:223-6

Research Digest is a regular series, written by drug information specialist Steve Chaplin MRPharmS, looking at the current developments in medicine

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References: 1. Data on file. 2. Lawrence AG *et al. Curr Med Res Op* 1990; 12 (2):114-120, plus data on file. 3. Data on file.

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Diagnosing the menopause

With more women now living longer, the impact of the menopause assumes greater social and medical significance. Margaret Rees DPhil MRCOG, honorary senior clinical lecturer at the University of Oxford, begins a two-part series by examining the ramifications of the condition

The menopause is becoming increasingly important because of women's greater life expectancy. Most now spend up to 30 years or more in the postmenopausal state.

The term menopause literally means the last menstrual period and is therefore a retrospective diagnosis. The average age at menopause is 50.8 years.

A menopause is considered to be premature if it occurs before the age of 40, though some authorities would give the age as 45. The menopause can occur much earlier, even in the early 20s.

While it may occur naturally, premature menopause may be induced by oophorectomy or radiation and chemotherapy. It can also occur after hysterectomy, even if the ovaries are conserved, with the age of menopause advanced by about four years. Radiation and chemotherapy used to treat malignancy can compromise ovarian function and induce the menopause.

However, a premature menopause must not be ignored because of its serious

implications with regard to cardiovascular and osteoporosis disease risk.

Endocrinology

The menopause is caused by ovarian failure. The ovary has a finite endowment of germ cells and at 50 years the oocyte store is exhausted. This results in a fall in oestrogen production and an increase in gonadotrophin levels.

In post menopausal women gonadotrophin levels are markedly elevated: oestrogen

production is minimal and the predominant oestrogen changes from oestradiol to oestrone. Gonadotrophin levels tend to reach a maximum two to three years after menopause and then decline gradually during the next 20-30 years.

Diagnosis

Recent onset of hot flushes and night sweats, vaginal dryness and infrequent menstruation in women aged over 40 is a classic presentation of the

menopause. Laboratory investigation is not needed in such cases and may indeed be unhelpful. However, it is prudent to perform them in younger women when a diagnosis of premature menopause is suspected.

Measuring follicle stimulating hormone (FSH) and oestradiol levels in the perimenopause is unhelpful as there are marked daily variations. For example, FSH levels can vary four-fold from one day to another, ie from a premenopausal level to a post-menopausal level. A patient with marked menopausal symptoms must not be denied HRT on the basis of a pre-menopausal FSH level. Oestradiol levels are also unhelpful in the perimenopause since ovulatory cycles may occur.

A therapeutic trial of HRT is helpful to see if symptoms respond to oestrogen and should be undertaken for about four months before any conclusions can be drawn.

Symptoms

The commonest menopausal symptoms are vasomotor flushes and sweats which affect the majority of women, mood changes and those

Continued on pVII ►



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Dosage and route of administration. For oral administration. Adults: Initially 10-20mg per day, increasing by 10-20mg per day until no signs of withdrawal or intoxication. Usual dosage 40-60mg per day. Aim thereafter, gradual reduction. Elderly or ill patients: Give repeated doses with extreme caution. Children: Not recommended.

Contra-indications, warnings etc.

Contra-indicated in respiratory depression, obstructive airways disease, concurrent M.A.O. inhibitors or within 2 weeks following M.A.O. inhibitor therapy. Use during an acute asthma attack is inadvisable. Obstetric use not recommended. Not suitable for children.

Drug interactions. Specific interactions include:- Alcohol: may induce respiratory depression and hypertension.

Cimetidine: potentiates opiate effect.

Rifampicin: reduces opiate effect.

Phenytoin: potentiates opiate effect.

MAOI's may induce CNS excitation or depression. Urinary acidifiers: decrease plasma concentration. CNS depressants (tranquillisers, sedatives, tricyclic antidepressants): may increase CNS depression, induce respiratory depression, hypertension. Naloxone: antagonises analgesic, CNS and respiratory depressant effects of Methadone. Naltrexone will precipitate withdrawal symptoms in Methadone-addicted patients.

Buprenorphine and Pentazocine may precipitate withdrawal symptoms in Methadone-addicted patients.

Warnings. Ability to drive or operate machinery may be affected during and after Methadone therapy. Methadone may cause nausea, vomiting and dizziness and has the potential to increase intracranial pressure.

Use in pregnancy and lactation is not supported by formal evidence of safety, but usage over many years has revealed no apparent ill-consequences and animal studies have not shown any hazard. Methadone is excreted in breast milk.

Overdosage:

Symptoms: respiratory depression, extreme somnolence, constricted pupils, skeletal muscle flaccidity, cold clammy skin, bradycardia and hypotension. In severe overdosage, apnoea, circulatory and cardiac arrest may occur.

Treatment: A patent airway must be preserved, with assisted or controlled ventilation. If significant respiratory or cardiovascular depression is present, narcotic antagonists may be required (Nalorphine 0.1mg per kg, or Levallorphan, 0.02mg per kg, given i.v. and repeated if necessary every 15 minutes). Great care is necessary where the patient is physically dependent on narcotics, when use of a narcotic antagonist will precipitate acute withdrawal symptoms. General supportive measures e.g. oxygen, intravenous fluids and vasopressors, are indicated where appropriate.

Incompatibilities: No major incompatibilities are known.

Pharmaceutical precautions. None.

Legal category. CD (sch.2), POM

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April 1995

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◀ *Continued from pIV*

related to atrophy of the lower urogenital tract.

● **Vasomotor**

Hot flushes and sweats are episodes of inappropriate heat loss. A typical description is a sensation of heat arising in chest, neck and head which may spread over other parts of the body. Often there is visible reddening and sweating and palpitations may occur. After the flush episode women may then feel cold.

The frequency of flushes varies within and between individual women from a few per week to several per hour.

● **Mood changes**

A group of symptoms, including nervousness, anxiety, irritability, depression, forgetfulness and difficulty in concentration, have been associated with the menopause. These symptoms are most common just before the mean age of the menopause.

The proportion of women with psychological complaints is uncertain and estimates vary from 25-50 per cent.

● **Urogenital**

The vagina and distal urethra are oestrogen-dependent tissues. Lack of oestrogen results in a thinning of the vaginal epithelium with loss of elasticity and vascularity.

Maturation of the epithelial cells is impaired and their glycogen content is reduced leading to a decrease in vaginal lactobacilli and an increase in pH. Overall, these changes result in vaginal dryness, an increased predisposition to infections and dyspareunia.

Lack of oestrogen on the distal urethra may lead to the urethral syndrome. This consists of urinary frequency, urgency and dysuria.

● **Cardiovascular**

Cardiovascular disease is five times less common in women than in men in the pre-menopausal years. Following the menopause there is a marked increase in the incidence of cardiovascular disease in women so that it eventually catches up with that of men and becomes the major cause of death in postmenopausal women.

This timing strongly suggests an association with

postmenopausal oestrogen deficiency.

● **Osteoporosis**

While osteoporosis affects both men and women, women are more likely to suffer since they lose bone rapidly after the menopause, a loss far more rapid than seen in men.

Osteoporotic fractures constitute a major public health problem with the estimated annual cost to the NHS of hip fracture alone being £500 million. The risk of hip fracture in a European woman living to the age of 90 is about one in three. Mortality rate following hip fracture is 20 per cent higher than in controls.

Osteoporotic fractures mainly affect the proximal femur (hip); spine (vertebral crush fractures) leading to loss of height and kyphosis with resulting back pain; and distal radius (Colles').

● **Non-HRT symptom control**

● Clonidine may be of help in

reducing vasomotor symptoms, but this is usually limited.

● Hypnotics, sedatives and tranquillisers are commonly prescribed but do not relieve menopausal symptoms. This type of treatment is totally inappropriate.

● Vaginal lubricants are used to relieve vaginal dryness and dyspareunia and are commonly used by menopausal women.

● Hypnosis, exercise, aromatherapy, reflexology and acupuncture have been used to relieve vasomotor symptoms and may be helpful, though they have not been fully assessed in clinical trials.

● **Prevention and treatment of osteoporosis**

● Dietary modification in ensuring an adequate calcium intake has been advocated, but its importance has been debated. Intakes such as 1,000mg per day for pre-menopausal women and 1,500 per day for postmenopausal women have been proposed, but there is still some dispute as to the optimum requirement.

● Calcium supplements are often advised for those who cannot modify their diet to achieve the recommended

Continued on pVIII ▶

Pre- and postmenopausal levels of hormones

Hormone	*Premenopausal	Postmenopausal
FSH IU/L	1-10	>20
LH IU/L	1-10	>20
Oestradiol pmol/L	>100	<180
Oestrone pmol/L	>100	<150
Progesterone nmol/L	1->30	<1

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◀ Continued from pVII

intake. It must be remembered that studies of the effects of calcium on fractures have given conflicting results and no controlled clinical trial has been carried out with fracture rather than bone loss as the outcome.

The aim of supplements is to achieve a total intake of 1,000-1,500mg per day, and thus an individual usually needs 400-600mg calcium supplement per day.

- Exercise is also recommended, especially weight-bearing workouts. An important benefit of exercise, especially in the elderly, is that the improved strength, stability and better balance will reduce the frequency of falls.

- Bisphosphonates, such as etidronate, inhibit bone resorption by affecting osteoclast function. They are given orally, usually in a cycle with calcium supplements. Absorption is variable. Their potential disadvantages include lengthy retention within the skeleton.

- Calcitonin is a peptide hormone synthesised and secreted by the C cells of the thyroid. It inhibits osteoclast function and therefore reduces bone resorption. Until recently calcitonin was only available

by parenteral administration, but now can be given by nasal spray.

- Fluoride increases bone density but the new bone formed is abnormal and may weaken rather than strengthen the tissue. While it may reduce vertebral fractures, it can increase hip and other non-vertebral fractures. Its use is therefore questioned. Use of alternative preparations, such as monofluorophosphate, may have a more effective response.

- **Other antiresorptive agents.** Several agents have similar effects on the skeleton as oestrogen, bisphosphonates or calcitonin and are categorised as antiresorptive agents.

These include high-dose progestogens, anabolic steroids, tamoxifen and the active metabolite of vitamin D, 1,25-dihydroxycholecalciferol. The last mainly acts by improving calcium absorption. It has now been found that a significant proportion of elderly people may have vitamin D deficiency and addition of vitamin D to calcium supplements can reduce the risk of hip and non-vertebral fracture.

Thiazide diuretics also seem to reduce fracture risk but there have been no major controlled trials.

The second part of this series will focus on the role of hormone replacement therapy.



Picture courtesy: National Osteoporosis Society

A comparison of enlargements of normal healthy bone in a woman of 35 years and of a woman over 60 with severe osteoporosis



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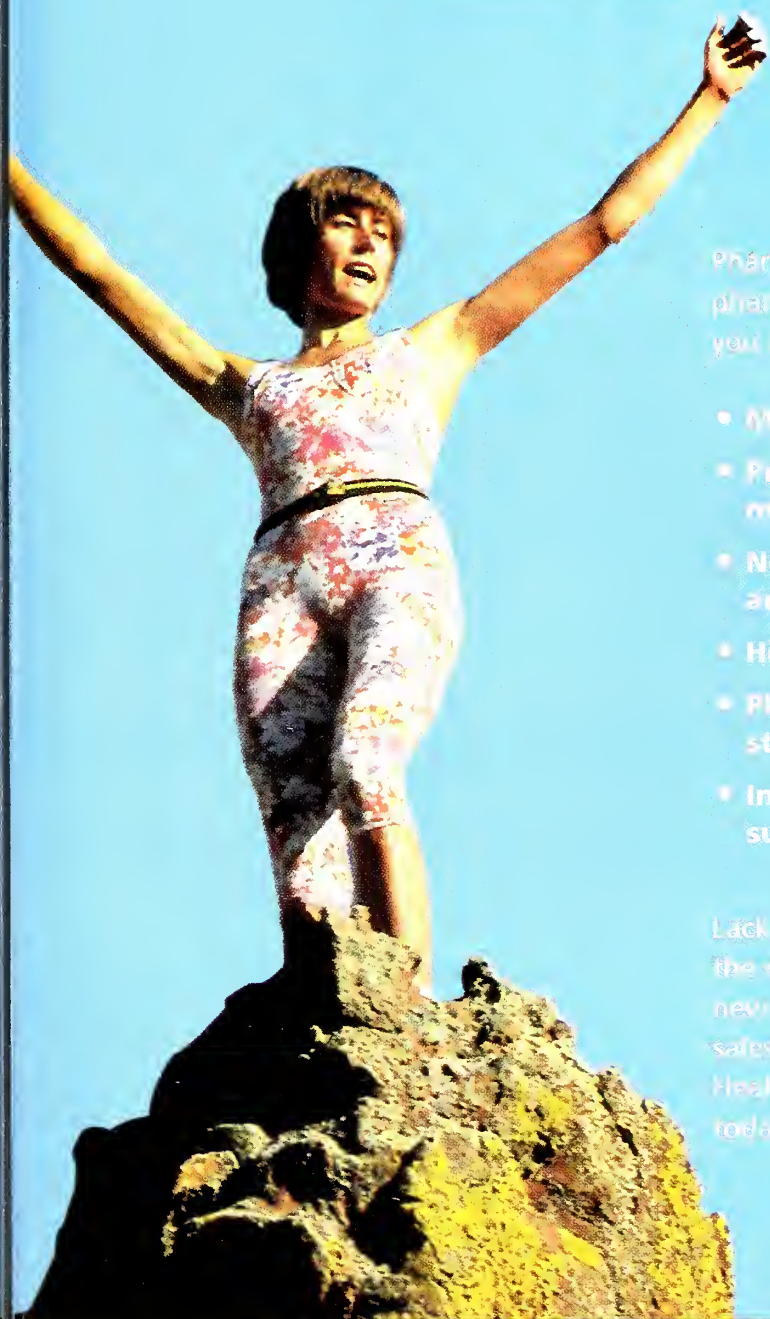
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Further information is available from: Lipha Pharmaceuticals Limited, Harrier House, High Street, West Drayton, Middlesex UB7 7QG. Date of preparation March 1995. Indications: Angina, hypertension.

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Society to beef up disciplinary machinery?

The Royal Pharmaceutical Society's Council is to consider if and how its internal disciplinary machinery should be strengthened.

But, meeting last week, Council decided to make no immediate decision on a further proposal to set up a pharmacy standards tribunal by 1996.

Marion Rawlings (right) moved: "That the Council should consider whether the nature and remit of the Society's disciplinary machinery is adequate to meet the demands of today's evolving practice, and what steps might be taken to strengthen and improve the system if necessary."

She pointed out that the Statutory Committee's disciplinary machinery had been established 60 years ago when the profession practised in a totally different way and in a different social climate. There was now an increasing disregard for authority and some of that had washed over into the profession.

The Statutory Committee was not concerned with the offence committed but whether a pharmacist was fit to be on the Register, and that was its only function. It could reprimand, but some



members would take no notice. It could not suspend pharmacists or limit them to practising only under supervision.

Council needed to present the profession in a credible way, and one only had to look at the standards in some pharmacies to see that it had failed, Mrs Rawlings continued.

Peter Culphey, seconding the motion, said a fundamental inquiry was needed, looking at the disciplinary machinery of other professions around the world.

The motion was carried by 16 votes to one. Mrs Rawlings then moved that Council should take steps to implement by 1996 its

The Statutory Committee was set up 60 years ago ... pharmacists practised in a different way

decision, made in June, 1933, to set up a standards tribunal.

Seconding the motion, Christine Glover said the major weakness of the present system was that there was no alternative to a rap over the knuckles or being struck off. The tribunal would, therefore, be vital in providing some form

of intermediate mechanism.

The secretary and registrar, John Ferguson, said the Privy Council had not yet approved the proposal. If a change in the byelaws was proposed and advertised to members, the Privy Council would make up its mind after receiving advice from Government departments and after hearing what pharmacists thought.

Gordon Appelbe said blame for failing to improve pharmacy standards rested with Council and its committees for not using existing facilities to their full extent. He believed there should be an integrated system of self-regulation, starting from scratch, as in Mrs Rawlings' first motion.

Others were concerned that the second motion would, if passed, pre-empt the review proposed in the first. Council voted to leave the matter until its June meeting.

Four-year degree from 1997

The pharmacy degree course is to run for four years from autumn, 1997. The Society will stop approving three-year courses from August 1, 1996.

Council will not seek to integrate pre-registration training with the extended degree course for all pharmacy students, although this would not preclude individual pharmacy schools from so doing.

Marshall Davies complained that there had been no consultation with the major employers in the private sector who recruited 40-45 per cent of graduates. He wanted consultations before the four-year degree was implemented, but his recommendation was lost. Watchdog Council decided not to make an official complaint about the March 13 BBC 'Watchdog' programme criticising the way pharmacists responded to requests for Triludan.

Remuneration Hemant Patel asked Council to support the Royal Colleges of Nursing and of Midwives in their pay dispute. President Ann Lewis thought such support would be inappropriate. Mr Patel asked what Council would do to oppose changes in the pay structure which, he felt, would have an adverse effect on pharmacy services. Mr Ferguson, thought it would be difficult to mount any sort of campaign until the facts were known.

Protocols The Society's inspectors have suggested that almost all pharmacies have protocols in place, with the exception of a large multiple which was currently

introducing them. But there was evidence that questions were not being asked on all appropriate occasions when P medicines were asked for by name.

Script forms A letter will be sent to the health minister outlining concerns about the recent revision of the NHS prescription forms.

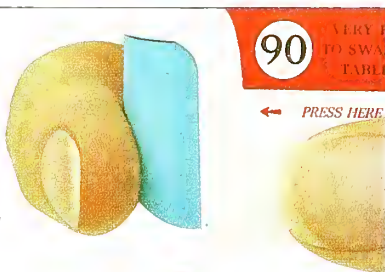
POM to P switches Council agreed the Society should seek a greater involvement in companies' POM to P switches. Those known to be involved in switching products would be approached about the Society's possible involvement in material for distribution to pharmacies and in advertising.

Indemnity insurance The law and ethics policy committee decided that the Code of Ethics should include an obligation on community pharmacy owners to carry adequate indemnity insurance to protect staff and the public.

Price promotion Inspectors are to discourage pharmacists from price promoting paracetamol and other medicines not covered by RPM.

Rural dispensing A letter is to be sent to the British Medical Association expressing the Society's strong distaste at the conduct of dispensing doctors who are said to have run a campaign of harassment against a pharmacist who planned to open a village pharmacy. If adequate evidence is available, Council will consider a complaint to the General Medical Council Charter medals The Society's 1995 Charter gold medal will be awarded to Marion Rawlings and the silver medal to William Brookes of Stoke-on-Trent.

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AAH pledges saving of £14m as Gehe ups bid to 445p per share

German wholesaler Gehe has raised the stakes in its hostile bid for AAH, increasing its offer from 420p to 445p per share.

The new offer values AAH's share capital at \$400 million and offers a premium of 44 per cent on the share price of February 24. On April 11 Gehe owned 2.1 per cent of the shares.

Dieter Kämmerer, Gehe's chairman, says the offer "represents almost 21 times estimated earnings for the year just ended and is more than generous. It takes full account of the rationalisation that has taken place and the magnitude of the task in trying to improve AAH's performance".

On Wednesday morning, AAH chairman John Padovan was urging shareholders to reject the revised offer "which the board continues to regard as inadequate".

Earlier in the week, in a last ditch attempt to save itself from takeover, AAH promised shareholders cost savings of \$14m in the next few years.

Its final defence document outlines savings in the core wholesaling business which aimed to

show Gehe's offer of 420p per share undervalued the company.

AAH claims "significant cost savings" of \$6m for 1995-96, rising to \$11.5m in 1996-97, when a further \$2.5m, by way of gross margin, is also expected. Non-recurring costs of implementation, not already provided for, are estimated at \$3.5m.

The group is arguing that its current disposal programme for non-core businesses held back pre-tax profits to the tune of \$3m in 1994-95. It is continuing its divestment programme with the sale of its wholesale electrical products business to electrical distributor Bridisco. The company has withdrawn from the environmental services business in Germany and is negotiating to dispose of its UK environmental services operation.

Chief executive Bill Revell says the bid came on the back of a poor set of results, but the company's efforts to streamline its businesses will only reap rewards for shareholders in the future. "Gehe's whole approach to the bid is that we were a management that have

taken no action, when in fact all of the work has been done. Why should Gehe reap the benefits?"

The group expects strong sales for 1995-96, with an 11 per cent increase in turnover, which includes an estimated 3 per cent rise in its share of the prescription drugs market.

Sales to retail pharmacies and hospitals are up 10 and 13 per cent respectively, and sales of the Hillcross brand of generic drugs expanded by 26 per cent.

AAH says it has reduced its operating cost ratio consistently since 1991, from 5.3 to 4.6 per cent. The group also claims a recent upturn in its retail margin for its pharmacy chain from 5 per cent in 1993-94 to 5.1 per cent in 1994-95. It also anticipates cost savings in this division by at least \$1m per annum by the end of the current year, through "head office restructuring".

This year the company hopes to turn around its healthcare computer systems business and says its loss-making soaps and toiletries manufacturing business is "now making a modest profit".

Pre-tax profits slump at Scholl

Scholl's pre-tax profits fell sharply by \$13.9 million to \$2.8m in 1994, following exceptional charges of \$14.7m.

The results were foreshadowed by an operational review, announced last December, which will be implemented this year. It will include the centralisation of brand management and sourcing, the disposal of French cosmetics business Valdor and the closure of 21 underperforming retail outlets.

Seven shops were closed by the end of last year and the management of the group's retail operations is now more closely co-ordinated. A common store fascia and in-store layout has been tested and the company says initial results are encouraging.

Sales in the UK home market were "disappointing", with a resulting decline in operating profit of \$2m. Consumer sales improved through increased promotional activity, but margins and foot care sales were weakened due to a continuing trend towards mass outlets.

Trading was flat on the European continent, apart from French antiseptic wash brand Septivon, which traded well in its two main markets of France and Switzerland.

Sales in the Asia/Pacific markets were stronger, with Japan reporting a 30 per cent sales growth, due to product launches. The success of health and comfort footwear in Malaysia and Thailand contributed to a footwear sales increase of 83 per cent year on year in the Pacific Rim market.

Pharmacy sales down in March

After reporting some of the highest sales volumes in the High Street in February, chemists' sales fell last month, according to the latest CBI Distributive Trades survey.

Chemists, along with clothing, hardware and footwear shops, reported the most depressed trade. Sales of furniture, carpets and household goods are up on last year's levels.

High Street trade overall failed to meet retailers' expectations, as consumers are still resisting price hikes. Retailers are anticipating a moderate rise in sales volumes this month in the run-up to Easter.

Orders to suppliers are also expected to rise this month for the first time since November.

Job cuts to follow Boots sell-off to BASF

Jobs are likely to go at Boots Pharmaceuticals in the UK, following the \$840 million sell-off last week to German giant BASF.

Dr Thorlef Spickschen, head of the Pharma operating division of BASF and chairman of Knoll AG, says: "Job shedding is one of the things we have to think about. It's too early to say anything until we have analysed the possible options in greater detail." Countries where the two companies exist side by side are at the head of the list for the job shake-out.

Although the UK is targeted for job cuts, BASF has confirmed that it is retaining Boots' central nervous system research centre in Nottingham.

Dr Spickschen says the merger will raise BASF's position in the world pharmaceutical rankings from "around 50 to between 33 and 30".

The merger will expand BASF's sales base in France, the UK and the US and will eliminate any cost structure disadvantages from having too small a presence in those markets. Together the two companies have a 1 per cent share in all markets and estimated sales of DM3 billion.

The acquisition has also given BASF two new products. Sibutramine, a weight loss control drug, already on the launch pad for Europe in 1997 and the US in 1999; and a drug to combat diabetes, which is still in early clinical trials.

It is clear BASF is planning to develop its pharmaceutical business further through acquisitions, mergers and joint ventures. The company is co-operating with the Japanese company Mitsui on a cancer research project and with Warner-Lambert on an immunology project. It has recently



BASF director Dr Spickschen says it's too early to discuss the extent of job cuts

signed to a 50/50 joint venture with IVAX to develop and market generics on the Continent.

• Boots invoices relating to transactions after April 1 will be sent from the sales ledger department of Knoll Pharma and all remittances should be made to: Knoll Pharma Ltd, sales ledger department, D90, 1 Thane Road, Nottingham NG2 3AA. All telephone numbers will remain the same at present, but the new VAT number will be 651 6868 09.

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DEPARTMENT OF HEALTH AND SOCIAL SERVICES

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Applications are invited for the post of Chief Pharmaceutical Officer in the Department of Health and Social Services (Northern Ireland) which is based in Castle Buildings, Upper Newtownards Road, Belfast.

The Chief Pharmaceutical Officer heads a group of staff which has responsibility for a number of statutory inspections and enforcement roles and also responsibility for providing pharmaceutical advice to Ministers and Northern Ireland Departments on all aspects of pharmaceutical policy. It has also managerial responsibility for post-graduate pharmaceutical education and training. A review of senior management is presently being carried out in the Department and the duties, salary structure and reporting details may be subject to change.

Applicants must:

- be a pharmacy graduate;
- be registered, or be eligible to be registered with the Pharmaceutical Society of Northern Ireland;
- have at least 5 years' recent experience in a senior management or senior administrative post, as well as having practical experience in community and/or hospital pharmacy. A thorough understanding with practical experience of the legislation related to pharmacy is also essential as is a general understanding of wider pharmaceutical issues.

It may be an advantage to have a higher degree in a pharmacy or related discipline.

The appointment will be made on the basis of a fixed term contract for 3 years. There is the possibility of conversion to a permanent post or of renewal for a further period or periods.

Salary will be within the range of £36,739 to £54,815 within which pay progression will be performance related. The maximum available as basic pensionable pay is £49,612 but above this amount one-off non-pensionable bonuses may be available on an annual basis.

The annual leave allowance will be 25 days.

Applicants will not be appointed after their 57th birthday.

Assistance with relocation expenses may be available.

The Northern Ireland Civil Service Commissioners may decide to interview only those applicants who appear, from the information available, to be most suitable.

An application form and details of the post may be obtained by writing to or telephoning (quoting the job reference SB 24/95) the Civil Service Commission, Orchard House, 40 Foyle Street, Londonderry BT48 6AT. Telephone (01504) 319772.

Completed forms must be accompanied by a detailed Curriculum Vitae giving details of present salary and highlighting relevant qualifications and experience, and must be returned to arrive not later than 5 May 1995.

Further details of the post may be obtained by telephoning Belfast (01232) 522952.

The Northern Ireland Civil Service is committed to equality of opportunity in employment and welcomes applications from all suitably qualified applicants irrespective of religion, gender or disability. As Roman Catholics and women are currently under-represented in the Pharmaceutical discipline, applications from the Roman Catholic section of the community and from women would be particularly welcome. All applications will be considered strictly on the basis of merit.



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TRADE LESS 35%+VAT+FREE POSTAGE - 4 Clopixol 200mg (exp 9/96), 6 Clexane 20mg (exp 3/96), 8 Hypnovel (exp 12/98), 1 3 Rogitine 10mg (exp 1/98), 6 Pergonal (exp 12/96). Tel: 01603 454701.

TRADE LESS 25% - 106 Loron caps 400mg (exp 6/99). Tel: 0121 744 5943.

TRADE LESS 50% - 6x30 MC2000 no. 5940 colostomy bags. Tel: 01273 682618.

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TRADE LESS 50% - Triptafen M tabs. Tel: 01582 21760.

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Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers, they must satisfy themselves about product history, conditions of storage and so on.

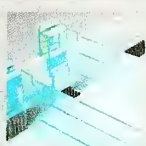
TAXIS



Anti-vibration supports fit to the back of the column



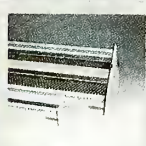
Total locking of the column



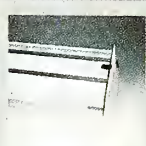
Internal separators with adjustability to the nearest millimeter



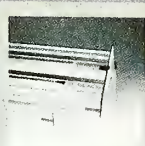
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Metal mesh wire to drawer bottom



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Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacist subscribers to *Chemist & Druggist*. No trade advertisements will be permitted. Acceptance is at the discretion of the Publishers and depends upon space being available. Send proposed wording to "Business Link" using the form printed alongside.

Appointments, situations wanted, and businesses for sale will be incorporated as lineage advertisements under the appropriate Classified headings.

To: Business Link, CHEMIST & DRUGGIST, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW.

PLEASE COMPLETE IN BLOCK CAPITALS

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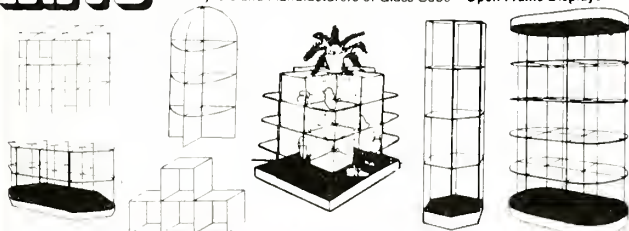
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Maxolon 10mg 84's	@ £8.25
Nizoral Shampoo 100ml	@ £5.86
Zovirax Cream 10g	@ £11.95
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Surplus Coloured Glass Bottles and Jars Wanted.
Black Glass Jars: Drug Jars — Blue or Green.
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"Admiralty" Square Blue Poisons. Spare Stoppers.
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Mixed Assortments of Surplus Bottles as above.

Contact: Eric Padfield,
18 Mulberry Gardens, Sherborne, Dorset.
Tel: 0935 816073 Fax: 0935 814181



ABOUT people

BPSA's week of fun, frolics and pharmacy

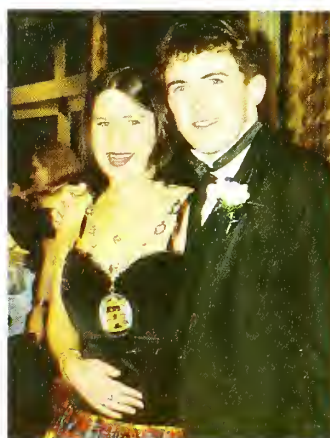
Heated debates by day and hot curries by night. This was the recipe for success at this year's British Pharmaceutical Students' Association annual conference, hosted by Bradford School of Pharmacy.

The week kicked off with one of the delegates running through a reinforced glass door. He spent the next three days in hospital and emerged with a six-inch scar across one side of his head.

Next came the medieval banquet hosted by the National Pharmaceutical Association with the unmissable opportunity of seeing NPA chairman Gordon Bullous and pharmacist administrator John D'Arcy dressed in tights and period costume.

The week culminated with the BPSA ball and the presentation of the new executive committee. Delegates and guests performed the 'BPSA Rave' and then joined with Joyce Kearney (representing the Association's sponsor, APS Berk) in a traditional Yorkshire song.

• The new members of the executive committee (from July) are: Catriona Johnston, president; Fiona Madden, secretary general; Stephen Doyle, treasurer; Conor O'Reilly, public relations officer; Karen Wilson, membership secretary; Hannah Wren, graduate officer; Abigail Spencer, international liaisons secretary; Robert Forde, undergraduate publications officer; Niall Poole,



BPSA president Chris Poole welcomes president-elect Catriona Johnston at the Association's annual ball

postgraduate publications officer; Carey Taylor, skiing officer; Karen Horner, eastern area co-ordinator; Shane Butler, northern area co-ordinator; Katherine Barnes, western area co-ordinator; and Sally Strange, western area co-ordinator.

CPP awards 1995

The College of Pharmacy Practice is inviting applications for the 1995 John M Harris Awards.

The research award, for a maximum of £1,500, is given to applications for practice research or academic work in clinical pharmacy, pharmacology or therapeutics.

The travel award, maximum £500, is given to enable pharmacists to present research data at a relevant conference.

The closing date for the applications is June 30. Further details from the College on 01203 692400.



Third-year Nottingham student Abigail Spencer (third right) has won the 1995 Reckitt & Colman Student of the Year Award (worth £1,000) to attend the International Pharmaceutical Students' Federation Congress in Ghana next August as a representative of the BPSA. Runners-up were Jenny Sparrow (Nottingham), Bill Rial and Robert Forde (both from Aston)

COMING EVENTS

Hustings reminder

Pharmacists are reminded that the third Young Pharmacists' Group Council candidates' hustings is on Sunday, April 23 at 3pm at the Swallow Hotel, Northampton.

Although no details of attendees were available at the time of going to press, last year's event secured the presence of 12 out of the 16 candidates. For further details, contact Mark Koziol on 0121 233 0233.

WEDNESDAY, APRIL 19 Dumfries & Galloway Branch, RPSGB

AGM at the Station Hotel, Dumfries, 7.30pm. 'The legal and ethical aspects of counter prescribing' by Dr Harrison.

THURSDAY, APRIL 20 Bedfordshire Branch, RPSGB

AGM in the Cedar Room, Silsoe Conference Centre, Silsoe College, Silsoe, Bedfordshire, 8pm.
Dundee & Eastern Scottish Branch, RPSGB
At Lecture Theatre 2, Ninewells

Medical School, 8pm. AGM followed by 'VSO — a pharmacist's perspective' with various speakers.

Edinburgh & Lothian Branch, RPSGB

AGM at Headway House, Astley Ainslie Hospital, Edinburgh, 7.30pm

ADVANCE INFORMATION

The National Association of Women Pharmacists' AGM will be held on April 22, at the Hotel Ibis Euston, 3 Cardington Street, London NW1 at 2.30pm.

Thanks for user-friendly pharmacy

A Coventry pharmacist has been awarded a 'Golden Thank You' certificate for making his pharmacy more user-friendly for disabled people.

Nitin Makadia, who manages the Lloyds Chemist in Tile Hill Lane, Coventry, responded to some of his disabled customers' requests to shopping easier.

He approached the company's head office for a refit and proceeded to build a ramp, widen the aisles and make the shop more accessible to the disabled. He now also stocks disability aids and products for his customers.

The local branch of the Disability Network charity learnt of his efforts and presented him with the certificate.

APPOINTMENTS

The Guild of Hospital Pharmacists elected its Guild officers for 1995-96 at a recent meeting of the Council.

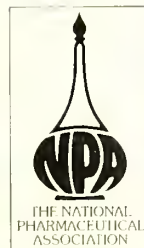
The new officers are as follows: president, **Arthur Williams**; vice president, **Chris Cairns**; chairman, terms and conditions committee, **V'lan Fenton-May**; chairman, education and science committee, **Bob McCartney**; chairman, organisation committee, **Anthony Oxley**; chairman, practice committee, **Gillian Arr-Jones**; editor, **Dr Gerard Lee**; and treasurer, **Peter Cooke**.

Unichem has recruited ten staff to its buying, operations and finance departments.

Gary Allmark is the company's first buying controller, with **Adrian Gash** joining the medical marketing team. **Brian Herron** becomes general manager at the South Normanton branch, with **Peter Boyle** as operations manager and **Paul Johnson** and **Andrew Sanderson** as shift operations managers. **Alan Kerr** becomes general manager at Livingstone. Exeter's new operations manager is **Heather Barkwill**. **David Wignall** will co-ordinate the operations department as central operations executive. Finally, **Ken Murphy** fills the position of sales and marketing financial analyst.

The 1995 NPA Challenge Cup, organised in conjunction with Pharmacy Today and Chemist & Druggist, will take place at the Aldenham Golf and Country Club, just off the M25/M1, on Tuesday, June 6.

The 1995 NPA Challenge Cup



Join us for a great day's golf at the Aldenham Golf and Country Club and play the challenging course in the company of other pharmacists. Tournament play will be for the prestigious 'NPA Challenge Cup', together with other competitions and individual prizes.

Open to all golfers, our annual golf day on June 6th is fast approaching. Places are limited, so anyone who has not registered their interest in playing should do so by returning the form below as soon as possible.



The full day's golf and hospitality will begin when players arrive and enjoy coffee and biscuits and pick up their score cards, before teeing off for the morning team competition over 9 holes. Following lunch the individual competition will begin. This Stableford rules competition will be played over 18 holes and incorporates integral competitions, plus other individual prizes.

After the day's golf, players will be able to relax over a drink before the evening's three course dinner, speeches and prize giving ceremony, where the overall winner will claim the handsome 'NPA Challenge Cup'.



Fee for the full day's activities is £68 including VAT.

It's a day not to be missed

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Or fax it to 0181 288 0844

**For further details
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☐ I enclose a cheque for _____ made payable to Richard Langrish Associates

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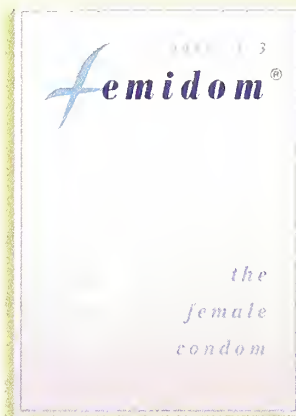
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